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REPORT ON A SURVEY OF PUBLIC HEALTH ADMINISTRATION IN NORTH DAKOTA.¹

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Foreword.

That public health administration in North Dakota is notably deficient, is readily susceptible of proof. Moreover, it is apparent that comparatively little effort has been put forth for the purpose of bettering the conditions. A study of the situation plainly discloses the need for an adequate State health department, the function of which will be to prevent unnecessary sickness and premature death.

General Considerations.

In order that the peculiar public health needs of North Dakota may be better appreciated, it should be recalled that the State is essentially rural in character, the area being 70,196 square miles and the population, according to the census of 1920, 646,872. There are 6 cities having populations in excess of 5,000, the largest being Fargo, with a population of 21,961. Because of the extensive agricultural interests, a large transient population is necessarily attracted to the State in the spring and fall of each year. Moreover, the geographical location of the State is such as to make the winter season long and trying, during which period many of the people are isolated for varying intervals because of snow, cold, and impassable roads. The fact that the homes of many families are frequently difficult of access makes the matter of providing capable public health supervision peculiarly interesting and difficult. In brief, it is important that the people of North Dakota should be so fortified through educational means as to insure intelligent self-reliance during the inevitable periods when outside assistance is difficult to procure.

¹ This article is an abstract of a more comprehensive report submitted to the Surgeon General of the Public Health Service, following a study of the public health administration in North Dakota, which lasted from March to May, 1922. The present discussion includes only the more important phases of the subject, many references to laws, regulations, and statistical evidence being necessarily omitted for lack of space.

Evidences of Inadequate Public Health Provisions.

That North Dakota's public health administration is inadequate has been recognized for many years by students of the State's problems. Thus, upon examining the biennial reports of the State board of health in past years, it will be noted that the city and county health officers earnestly support the secretary in advocating a complete reorganization of the board, together with adequate appropriations, trained personnel, and more effective law enforcement.

In 1915 a comprehensive survey and report on public health administration in North Dakota was made by Surg. Carroll Fox, of the Public Health Service. While the recommendations made by Doctor Fox were conservative and in keeping with the State's needs, none of them was put into effect. In fact, since the report was rendered, relatively few advances have been made.

How North Dakota's public health activities are viewed by a skilled sanitarian may be gleaned from the rating given the State by Chapin, of Providence, R. I., working under the auspices of the American Medical Association.² At the time of Chapin's survey the State scored 139 of a possible 1,000 points, thereby attaining a rank of thirty-third. Incidentally, it may be mentioned that approximately one-half of the points scored were allotted to the public health laboratories, reducing the standing of the State to forty-third on the basis of work actually performed by the State board of health. It is evident, therefore, that North Dakota does not compare favorably with other States in its provisions for safeguarding the public health.

A further insight into the scope of North Dakota's public health activities may be gained through a comparison of the appropriations for this purpose by the various States. A recently compiled list shows that the annual appropriation of \$3,450 for the State board of health in North Dakota is the smallest amount allotted by any State for public health purposes.

Even more conclusive evidence of the inability of the North Dakota organization to discharge its functions is provided by the absence of records detailing services performed in the State. Except for a few isolated instances, it has been manifestly impossible to render such community aid as may reasonably be expected of a State health department.

THE PRESENT ORGANIZATION.

An understanding of the present organization, of the personnel, of the financial status, and of the governing laws of the North Dakota State board of health is necessary to a better understanding of the existing deficiencies.

²A Report on State Public Health Work, based on a Survey of State Boards of Health. By Charles V. Chapin, M. D., Commissioner of Health, Providence, R. I. Made under the direction of the Council on Health and Public Instruction of the American Medical Association [1914-1915]. (Table 1.—Rating Sheet.)

Composition of State board of health.—The State board of health now consists of three members, one of whom, the attorney general, is ex-officio president of the board. The vice president, "some suitable person, a resident of the State," is appointed by the governor. The superintendent of public health, also appointed by the governor, "shall be learned in medicine, a graduate of some reputable college, licensed to practice in the State, and a resident of the State." The appointees of the governor hold office for two years and until their successors are appointed.

It is conceivable, therefore, that all or part of the membership of the State board of health may change biennially or oftener, manifestly to the detriment of public health endeavor, which demands continued and experienced control. As a matter of fact, changes are frequent and vital records are moved from city to city in which the newly appointed superintendents may happen to live.

Powers and duties of the board.—Upon reading the laws setting forth the powers and duties of the State board of health, one is impressed by the inadequacy and limited scope of the provisions. It is also apparent that no revision of the laws has taken place within recent years. For instance, references to "malarial" diseases among persons and domestic animals still occupy prominent positions.

Appropriation of State board of health.—Without adequate funds it is manifestly impossible to perform efficient public health work. Herein lies the greatest handicap of the North Dakota State Board of Health. As previously indicated, the annual appropriation for the year ending June 30, 1923, is \$3,450, a sum obviously too small to permit of even the most elementary endeavor.

Other health organizations.—The lack of personnel, funds, and adequate organization in the State board of health has resulted in the usurpation of the functions of the board by various uncorrelated organizations, both private and governmental. This has naturally resulted in much confusion and obvious inefficiency. The organizations engaged in public health work, but not under the control of the State board of health, are enumerated in the following list. The various locations of headquarters, indicative of the consequent difficulty of correlating the work, should be noted.

Public health agencies not under the control of the North Dakota State Board of Health.

Agency.	Under control of—	Headquarters.	Appropriations, fiscal year ending June 30, 1923.
Public-health laboratories.....	University of North Dakota.....	Grand Forks.....	\$15,000.00
Veneral-disease control.....	State.....	Bismarck.....	6,274.24
Sanitary inspection of hotels.....	Agricultural College.....	Fargo.....	3,000.00
Antituberculosis association.....	Voluntary organization.....	Bismarck.....	5,000.00
Red Cross public health nursing.....	Red Cross.....	Chicago.....	(?)

Thus it will be seen that at least the sum of \$29,274.24 is probably being spent annually by organizations which have no official connection with the State board of health. The expenditures for Red Cross nurses are borne by the county Red Cross chapters employing such assistants, while the supervisory nurse is paid by the central division of the Red Cross. It is plain that effective public health endeavor can not be expected under the existing conditions.

SUBSIDIARY BOARDS OF HEALTH.

The county board of health is composed of three members: The State's attorney, ex officio president; the county superintendent of schools, ex officio vice president; and a physician, appointed by the county commissioners, who serves as county superintendent of health.

The board of health in a city is composed of the city engineer, a health officer appointed by the mayor, and four aldermen designated by the mayor. In incorporated villages the trustees constitute the local board of health, while in townships the supervisors exercise the powers necessary for the preservation of the public health, under the direction of the county superintendent of health.

The county, city, and local boards of health have broad powers conferred upon them. However, unless provision is made for expert guidance and assistance through State channels, it is conceivable that the best results will not be attained.

HEALTH OFFICERS.

In North Dakota the part-time county health officer system is in vogue. Inasmuch as the State health department is virtually inactive, by reason of inadequate funds and personnel, while the boards of health of villages and townships are required to look for guidance to the county superintendents of health, these county superintendents assume positions of considerable importance.

Few of the county health officers receive salaries sufficient to make public health work attractive. In fact, all of these officials are practicing physicians whose duties ordinarily confine them to or near the locality in which they reside. Consequently, the work is usually directed to the prevention and control of communicable diseases, the attending physicians and telephone serving as important adjuncts in such work.

There are no whole-time health officers in any of the cities of the State. However, in the larger places considerable systematic work is performed in dairy inspection, milk supervision, food inspection, sanitary inspection, school inspection, and social service nursing. Control of city water supplies is maintained in several of the larger

cities, through frequent examinations of samples in the State and branch laboratories. However, with whole-time officials and intelligent State aid, it is conceivable that still better results would accrue to these localities.

THE PUBLIC HEALTH LABORATORIES.

The laboratories constitute the most efficient portion of the fragmentary public health system in North Dakota. The work performed is of broad scope and of especial value to health officers and physicians. During the biennial period ended June 30, 1920, there were five divisions in the public health laboratories, namely, pathology, bacteriology, sanitation, public health education, and sanitary engineering, none of which were authorized by law or regulation of the State board of health. The formation of these units was apparently the natural outcome of a desire to perform certain functions that were not being undertaken elsewhere in the State.

REGISTRATION OF BIRTHS AND DEATHS.

The registration act of the State of North Dakota was passed in 1907 and conforms to the model law for the registration of births and deaths proposed by the United States Census Bureau.

Birth registration.—The number of births registered during the 12-month period ended June 30, 1919, was 10,252, giving a birth rate of 16 per 1,000 population for the entire State (based on the census of 1920). In the following year 12,002 births were registered, giving a birth rate of 18.5 for the entire State. In the calendar year 1918 the rate in the birth registration area of the United States was 24.6 and in 1919 it was 22.3, the lowest since 1915. In 1918 the State of Washington had the lowest birth rate of any State in the registration area, 19.4, and Utah the highest, 33.1. In 1919 California, with 16.8, had the lowest and Utah, with 29.3, had the highest birth rate of the States in the registration area.

It is seen that North Dakota's rates do not compare favorably with the more nearly accurate figures obtained from the census reports. In Burleigh and Emmons Counties the birth rate for the year ended June 30, 1919, is above 30; in Divide, Foster, Grand Forks, Steele, and Grant Counties it is over 25. In many of the remaining counties it is apparent that births are incompletely registered. The work of improving birth registration is one belonging to the divisions of vital statistics and child welfare and public health nursing in particular, though all of the resources of a State department of health can well be guided in the same direction whenever the opportunity affords. Highly essential in improving such registration is a field force which will educate, investigate, and when necessary prosecute.

Death registration.—During the 12-month period ended June 30, 1919, 7,385 deaths were registered with the State registrar. Calculated on the estimated population July 1, 1919, of 643,276, the death rate per 1,000 inhabitants was 11.5 for the entire State. The unusual number of deaths reported during this period was due to the influenza epidemic. During the calendar year 1918 the death rate per 1,000 in the registration area of the United States was 18.1. In the 12-month period ended June 30, 1920, there were 4,557 recorded deaths in North Dakota, giving a death rate of 7 per 1,000 inhabitants (estimated population July 1, 1920—650,458). The death rate per 1,000 in the registration area for the calendar year 1919 was 12.9.

It is entirely probable that North Dakota is a relatively healthy State. It is not conceivable, however, that the death rates are as low as indicated in the returns. It is more likely that there is a marked deficiency in the registration of deaths. Yet it is noted that some improvement, while relatively slight, has taken place since the survey made by Doctor Fox in 1915, when the State death rate was 5.5.

The reasons for this condition of affairs are rather obvious. The population of the State is essentially rural, making it difficult for many families to have the benefit of skilled medical attendance. In numerous instances it is known that burial permits are issued and bodies interred without death certificates being filed. Until the people themselves, as well as all others concerned in the registration of deaths, are educated to the importance of recording births and deaths, genuine progress need not be expected. It is here that a well organized State department of health, through its field agents, may accomplish notable results. Failing in educational efforts, no hesitancy should be displayed in employing police powers.

In this connection a study of the death rates of the counties conveys some interesting information. During the calendar year of 1920, Burleigh County, in which Bismarck is located, had a death rate per 1,000 of 16.9; Cass County, with Fargo, a rate of 12.2; Grand Forks County, with Grand Forks, a rate of 13.1. While these are crude death rates and do not take into account the deaths of nonresidents, they nevertheless give a better indication of conditions as they exist in localities in which registration is more carefully carried out. It is entirely probable, judging from the death rates of North Dakota cities and the death rates of registration States in which efficient organizations obtain, that between 10 and 30 per cent of the deaths which occur in North Dakota are not recorded.

PREVENTION OF DISEASE.

The State board of health has ample legal power to promulgate regulations and perform the work necessary to prevent and control disease in North Dakota. Unfortunately, when this authority was

conferred, the funds necessary to put the machinery into operation and keep it running smoothly were not appropriated. Consequently the State health organization is an impotent body which must depend largely upon the necessarily inadequate efforts put forth by part-time health officers. In view of these facts the board has confined its activities to the doubtful function of promulgating regulations. The wisdom of drawing up regulations when there is no way of enforcing them is very questionable. At best the procedure has only a limited educational value.

While the State board of health has remained quiescent, several agencies, official but not directly associated with the board, have voluntarily engaged in certain commendable epidemiological activities. Thus the laboratories have performed excellent service in this field, and the bureau of venereal diseases and the antituberculosis society have accomplished excellent results in their respective fields.

REPORTING COMMUNICABLE DISEASES.

Requirements relative to the reporting of communicable diseases are covered both by law and regulation. These requirements are in need of revision.

Morbidity reports.—Physicians and other persons are required to report cases of communicable disease to their local health officers. That the rule designating which diseases must be reported was hastily drawn is indicated by the omission of typhoid fever from the list. It will also be noted that membranous croup, a term banned by the Census Bureau, is included. Rare affections, such as actinomycosis, anthrax, and echinococcus are given undue prominence, while various forms of itch, evidently wrongly diagnosed as smallpox, are likewise incorporated in the list. The terms scarlatina and scarlet rash should be abandoned, as their use leads to the belief that they are distinct affections, when, as a matter of fact, they are undoubtedly scarlet fever and should be designated as such.

Transmission of morbidity reports.—County and city health officers are required to submit to the State superintendent of health, before the 10th of the following month, a summary of the communicable diseases reported to them for each month.

It will readily be appreciated that monthly morbidity reports are practically valueless in preventive work. On the other hand, regular weekly reports of numbers of cases of each disease are of great value to State health authorities. With prompt current reporting, measures may be taken to limit the spread of the affections.

A BRIEF STUDY OF COMMUNICABLE DISEASE PREVALENCE IN NORTH DAKOTA.

In order that the inadequacy of communicable disease control in North Dakota may be better appreciated, two tables have been prepared. In the first, Table I, are shown the cases, deaths, death rates, and case-fatality ratios of certain communicable diseases during the calendar years 1918 and 1919. While the death rates are uniformly low, it must be apparent that this is due to incomplete mortality registration rather than excellence of control methods. That this is true is shown by the relatively high case-fatality ratios, particularly in tuberculosis and typhoid fever, indicating also, incomplete morbidity reporting.

The incompleteness of the communicable disease mortality records is further shown in Table II, in which a comparison is made of the death rates from certain diseases in North Dakota and the rates for the registration area for the calendar years 1918 and 1919. It will be noted that the North Dakota rates are uniformly lower than those of the registration area. Furthermore, the North Dakota rates for diphtheria, measles, and tuberculosis are even lower than those of the States having the lowest records. Comparison of other years will reveal similar discrepancies.

TABLE I.—*Number of cases and deaths, death rates per 100,000 population, and case-fatality ratios, from certain communicable diseases in North Dakota for the calendar years 1918 and 1919.*¹

[Population estimates: June 30, 1918, 636,064; June 30, 1919, 643,276.]

Disease.	1918				1919			
	Number of cases.	Number of deaths.	Death rate per 100,000.	Case-fatality ratio.	Number of cases.	Number of deaths.	Death rate per 100,000.	Case-fatality ratio.
Diphtheria.....	391	35	5.5	9.0	394	32	5.0	8.1
Measles.....	615	7	1.1	1.1	552	10	1.6	1.8
Scarlet fever.....	689	19	3.0	2.8	800	28	4.4	3.5
Smallpox.....	345	1	.2	.3	211	0	.....	.....
Tuberculosis (all forms).....	.....	299	47.0	.....	.....	271	42.6	.....
Typhoid fever.....	124	26	4.1	21.0	139	29	3.1	14.4

¹ Figures taken from reports to the United States public Health Service.

TABLE II.—Comparison of death rates per 100,000 population from certain communicable diseases for North Dakota, the registration area of the United States, and States in the registration area having lowest rates, calendar years 1918 and 1919.¹

Disease.	1918				1919			
	North Dakota.	Registration area.	Lowest rate.	State having lowest rate.	North Dakota.	Registration area.	Lowest rate.	State having lowest rate.
Diphtheria.....	5.5	13.9	4.2	Oregon.....	5.0	14.7	4.0	Vermont. Utah.
Measles.....	1.1	10.8	3.5	Montana.....	1.6	3.9	.4	Oregon.
Scarlet fever.....	3.0	3.1	.3	Louisiana.....	4.4	2.8	.3	Louisiana.
Smallpox.....	.2	.4		7 States.....		.4		9 States.
Tuberculosis (all forms).....	47.0	150.2	47.8	Utah.....	42.6	125.6	44.8	Utah.
Typhoid fever.....	4.1	12.6	3.7	Minnesota.....	3.1	9.2	2.7	Massachusetts.

¹ Figures for North Dakota taken from reports to the United States Public Health Service; others from Mortality Statistics, Bureau of the Census.

DISCUSSION.

The public health laws and regulations of North Dakota should be rewritten. As they stand at present they are difficult of interpretation in many instances. It is futile to expect a busy physician, serving as health officer, to search the vague and scattered references to health protection for applications to conditions which may arise in an emergency. In their present state the laws and regulations are manifestly a patchwork, resulting from the efforts of frequently changed officials. It may also be pointed out that it was one thing to prepare regulations and quite another matter to insure their enforcement. An adequate central organization, experienced in drafting reasonable yet efficient regulations, is a manifest need. Thereafter, a manual for health officers is needed. Such a manual should contain simple, logical, and elementary statements which will enable any person to act intelligently. Extraneous material should be eliminated from the health officer's manual, except by alphabetically indexed references.

Tuberculosis.—When only 197 cases and 182 deaths from tuberculosis are reported in a State (as in North Dakota in the year ended June 30, 1919), it may be concluded that many additional cases and deaths are not reported. Even Utah's exceptionally low tuberculosis death rate of 47.8 per 100,000 shrinks into insignificance beside North Dakota's rate of 28.4 per 100,000. There is undoubtedly considerable tuberculosis in North Dakota. Fortunately, an efficient voluntary organization, the North Dakota Anti-Tuberculosis Association, has been engaged in combating this scourge for a number of years. While the prevention and control of tuberculosis is logically a State function, nevertheless the association is to be commended highly for stepping into the breach. An efficient State department

of health should take steps to combat tuberculosis just as it combats other affections. In North Dakota it is felt that the voluntary organization, having been first in the field, should be permitted to continue its operations until the State health department is sufficiently developed to undertake its functions. To do otherwise would merely imperil the antituberculosis work now being done.

PUBLIC HEALTH NURSING.

The public health nursing movement in North Dakota is very definitely linked up with the school system. Section 1346 of the statutes is entitled "Health Inspection of Pupils in Public Schools," and emphasizes the principal rôle of the public health nurse in making periodical physical inspections of the school children, assisting in the prevention and control of communicable diseases, and securing medical treatment for abnormal or diseased indigent children.

It is unfortunate that a system of public health nursing should have come into being without adequate provision having been made for supervision of the efforts put forth. Under the present system the work of the nurses is largely directed to the interests of school children, whereas their work should cover a larger field. As the nursing work is nominally under the direction of the school authorities, the State board of health has very little to say concerning the character of the work, the general policy, or the nature of the reports submitted. Needless to say, the activities of the public health nurses, whatever the field in which they are engaged, should be under the direct control and supervision of the division of child welfare and public health nursing of the State health department.

Section 1346 of the statutes, which prescribes the manner in which a school nurse may be obtained, has numerous weaknesses, among which may be cited the provision which permits the employment of licensed or graduate nurses, instead of requiring nurses with special public health training. Moreover, by permitting each county employing a nurse to supply the blanks and necessary supplies, lack of uniformity, with attending confusion, is inevitable.

Recognizing the necessity for fostering the public health nursing movement, and yet realizing the exceedingly slender thread by which it is connected with the State health department, the present secretary of the board and his predecessor entered into agreements with the Red Cross for the purpose of creating a better understanding. By so doing, mutual interests have been preserved and the best possible results under the circumstances accomplished. The Red Cross deserves high commendation for the excellence of its services, and has undoubtedly done the pioneer work necessary to initiating and preserving the public health nursing movement.

DISSEMINATION OF PUBLIC HEALTH INFORMATION.

Owing to the limited appropriation available for the State board of health, popular bulletins have been issued under the auspices of the State laboratory. These booklets, the titles of which are given under the discussion of the laboratory activities, fill a very definite need. It is unfortunate, however, that they could not have been issued by the State board of health, in conjunction with other departments of the board, thereby enhancing their value.

The State board of health publishes a quarterly bulletin of 18 pages. It contains statistical data for the previous three months, together with original or compiled information bearing on the public health. This bulletin will not attract any great amount of attention until the material is improved in quality. An original health cartoon, well-written original articles, fewer quotations from other sources, and better arrangement of the contents will materially improve the publication. In addition, the purely statistical data should be greatly condensed and placed at the end rather than the beginning of the bulletin. The present circulation of the bulletin is 2,500 copies.

The State health officer makes a biennial report to the governor. When funds are available, this report is published. The writer is of the opinion that the publication of the biennial report, as composed in the past, is a waste of public funds. The material that it contains, with the exception of some poorly compiled mortality and morbidity statistics, consists of replies to a questionnaire sent to city and county health officers. The information obtained in this way is of doubtful public health utility. There appears to be no reason why this publication should contain lists of embalmers and physicians. These groups are licensed and the fees obtained may be used for printing such lists should they be found necessary.

The bureau of venereal diseases is distributing the standard publications approved by the Public Health Service for this purpose. In addition, several films have been acquired and are lent to organizations requesting them.

The compilation of the laws of the State and the regulations of the State board of health is a decidedly erratic publication. In its present form it is difficult to locate needed information, even though an index has been provided. A new health officer would experience considerable difficulty in applying the provisions of the law if compelled to gain his knowledge quickly from this compilation. On every hand there is evidence of careless editing, many words being misspelled, erroneous terms being used; and numerous subjects being included which are not germane to the general activities of a State department of health. Among the subjects which should be excluded are the following: Sterilization of defectives and criminals; prepara-

tion of bodies for burial by embalmers; references to embalmer's examinations; and all references to pure foods and drugs, to sale of poisons, drugs, or adulterations, to the importation, sale, and exposure of infected stock, to the manufacture and sale of adulterated cigarettes, to the sale of tobacco to minors, to the sale and smoking of opium, to the manufacture and sale of snuff, and references to adulterated dairy products. These are subjects which do not come within the province of a modern State health department. At the same time, when assistance can be afforded by the department to those having jurisdiction, the cooperation should be free and cordially given.

A codification of the health laws and regulations is urgently needed. Duplications, inaccuracies, and confusing statements should be eliminated, so that a simple working plan may be available. An up-to-date State health department will accomplish this result.

PURE FOOD AND DRUGS ACT.

There is often a desire to place the administration of the pure food and drugs act in a State health department. In fact, many health officials regard work of this character as a legitimate part of their activities. The writer believes that they should not be included in the operations of a State health department, especially since they were not begun in that department, and more particularly because there are numerous important public health functions not now being handled by any organization, which could well be undertaken without further delay. It is recommended, therefore, that no attempt be made to include the administration of the pure food and drugs act among the functions of the State health department.

The Remedy.

There is but one practical way in which to remedy the defects of the present system, and that is to effect a complete reorganization, beginning with the name of the department. Instead of being known as the State board of health, the organization should receive the more dignified and suitable title, "State Department of Health," or "North Dakota State Department of Health". The board should be known as the "Public Health Advisory Council."

ADVISORY COUNCIL.

It is suggested that a public health advisory council, consisting of seven members, be provided for. The State superintendent of public instruction should be an ex-officio member of this council because of the close relationship between the educational and public health nursing systems. The remaining six members should be ap-

pointed by the governor of the State, with overlapping terms, at first for one, two, three, four, five, and six year periods; then for regular six-year terms. Members should serve until their successors are appointed. Vacancies should be filled by appointment for the remainder of the unexpired terms. Two of these five members should be physicians, members of the State medical society, in good standing, and two members, not physicians, should be women.

STATE HEALTH OFFICER.

The State health officer should be selected by the advisory council either from its own membership or elsewhere. He should hold office subject to removal by vote of five members of the board at a regular meeting, and, while in office, should be a member of the board. The State health officer should be a whole-time official, prohibited from the practice of medicine, and especially versed in public health administration through special training and study. The acquisition of a person of this type by the State department of health is absolutely necessary to the upbuilding of an organization which will actually afford health protection. Without the whole-time efforts of such a director the public health activities may be expected to follow a haphazard form.

DIVISION OF VITAL STATISTICS.

The work of the State health department is largely based upon the records and reports received from various official sources. When these records are approximately accurate, the department is enabled to concentrate its efforts in the localities most in need of attention. The work of collecting accurate statistics concerning sickness, deaths, births, marriages, and divorces is one of the most important functions of the health department. Consequently the necessity for the creation of a division charged with this work is ranked next to the acquisition of a board of health and a whole-time health officer. Although the State of North Dakota enacted the standard vital statistics laws as early as 1907, the machinery for putting its provisions into effect have been lacking, thus nullifying to a large degree the purposes it was intended to accomplish. The division of vital statistics should be in charge of a whole-time officer, and sufficient clerical help should be provided to insure prompt compilation and filing of the reports received. North Dakota is one of 15 States which are not included in the registration area. This is an unenviable distinction, because it denotes both lack of interest and an absence of organization for recording vital information.

DIVISION OF PREVENTABLE DISEASES.

Another important cog in State health machinery is a bureau which will direct its energies toward the prevention and control not only of communicable diseases but also of maladies that are, to a considerable degree, preventable. Diphtheria and scarlet fever may be cited as examples of the communicable diseases, while goiter, heart disease, kidney disease, cancer, and hardening of the arteries will serve as illustrations of diseases that are to some degree preventable. It will readily be recognized that efforts directed toward the elimination or reduction of unnecessary sickness and premature death is a work calling for intelligent direction.

The writer does not believe in building up a powerful and expensive central organization capable of sending out assistance whenever the occasion arises. In an essentially rural State such as North Dakota, it is highly important that isolated families, as well as the health officials of towns, villages, and cities be capably instructed in the appropriate means of defense against disease. When an emergency arises, the local authorities will then be in position to cope with the situation rather than look to the central health organization for advice and aid. However, to educate the people in this matter requires an efficient division of preventable diseases in the State health department.

Efforts directed toward combating venereal diseases and tuberculosis should be included in the work of the division of preventable diseases. There is no desire to minimize either the importance of the work performed or the excellence of the organizations engaged in this special work. It is submitted, however, that both activities should be combined with others of a similar character. There are several diseases exacting a greater toll in human life than those for which specific appropriations are being made. If satisfactory results can be obtained in combating two diseases, it seems reasonable to put forth intensive effort against other closely allied affections through a compact organization.

Preventable disease work requires the services of a trained executive, aided by an efficient clerical force and, eventually, by skilled field workers known as epidemiologists. The work is manifestly of a "whole-time type," calling for preliminary training, skill, and energy of high character.

BUREAU OF CHILD HYGIENE AND PUBLIC HEALTH NURSING.

What has been said with regard to the necessity for instructing the people in isolated localities so that they may be able to apply the appropriate remedies when the occasion arises, applies particularly to the care of the mother and the child. Such public health

activities would be supervised by the division of child hygiene, with which the public health nursing could be associated for the time being. The conservation of maternal and child life is an important State function. To disregard this responsibility is to miss one of the greatest opportunities for service to the citizens of the State.

Closely allied with maternal and child hygiene is the public health nursing movement. As previously indicated, the public health nurses who are at present working in North Dakota are only nominally under the control of the State authorities, a condition of affairs that prevents the full utilization of their aid and influence.

That the State should take over the work now being performed by private organizations is entirely obvious. That the correlation of such effort with that being made or about to be made by a State department of health would materially enhance the efficiency of the work, is likewise manifest. Therefore, there would appear to be no logical reason for further delay in placing the public health nurses, as well as the child and maternal welfare work, under the direct charge of a whole-time director.

DIVISION OF SANITARY ENGINEERING.

The need for a specially trained whole-time worker in this field has already been indicated. Such a person could be of constant service in insuring wholesome water supplies, preventing stream pollution, abating nuisances, and seeing that sewage, industrial waste, garbage, and other refuse are disposed of in a manner not prejudicial to the public health. Inasmuch as the work of the hotel inspector is closely allied to the efforts of this division, which has largely to do with sanitation, this work should be transferred to the control of the whole-time director of the division of sanitary engineering. The director of this division, like the director of other divisions, should be a whole-time employee.

Whereas there was but scant legal reference to the subject of sanitary engineering at the time of Dr. Fox's survey in 1915, there is at the time of this report ample provision for the supervision of water supplies and sewerage systems in North Dakota. The State laboratory deserves great credit for taking the initiative in preparing suitable regulations. Likewise it appears that the Public Health Service has stimulated interest in these subjects by lending sanitary engineers for brief periods for the purpose of instituting needed surveys and obtaining necessary information.

In a survey instigated at the request of the Public Health Service it was disclosed that 27 cities in the State discharged untreated sewage into a lake, river, or coulée. In 9 additional cities a preliminary treatment is given with some form of septic tank. But one city in the State has installed a modern sewage-treatment plant. While

some attempt is being made to prevent stream pollution, only one of the larger cities, Minot, is taking definite action. Consequently a problem of considerable proportions confronts the State health authorities, lest the discharge of untreated sewage into streams imperil other communities obtaining water from these sources. The problems of protecting water supplies and disposing of sewage, refuse, and garbage are constant and pressing. Therefore adequate provision should be made for enforcing the regulations which have been adopted.

In considering the problems concerned in providing safe water supplies and supervising waste disposal, it should be recalled that mere regulations are not sufficient to obtain the desired results. Moreover, physicians and laymen can not ordinarily supervise such work with satisfactory results. Sanitary engineering is a profession calling for technical knowledge and training. Therefore, the work should be undertaken by qualified persons only. The State of North Dakota has definite need for one or more persons with these qualifications and should make provision for adequate salary and necessary assistance.

LOCATION OF HEADQUARTERS OF NORTH DAKOTA STATE DEPARTMENT OF HEALTH.

That public health work, like other important State functions, suffers with frequent changes of personnel and location is only too obvious. Under such circumstances efficiency is out of the question. A permanent location for the central office is a prime essential. Bismarck, the capital of the State, is believed to be the logical place for the permanent location of the State department of health, and should be chosen as the headquarters of the department. Bismarck has the advantage of being located near the center of the State, with railroad facilities for reaching other portions of the State within a reasonable time. That there would be certain definite advantages in locating the department either in Grand Forks or Fargo, the two largest cities, is conceded. However, it is important that governmental activities be centralized, and Bismarck is believed to be the most suitable location.

Comment on Proposed State Health Department.

In presenting the plan for a department of health in North Dakota only the bare essentials have been included. By comparison with other State departments of health, North Dakota's proposed organization appears inadequate, even meager. Yet a beginning must be made, the insistent demands of physicians and health officers must be met, and the public health must be preserved as far as it is humanly possible. There are numerous public health activities that have not

been included in the plan presented. For instance, there is definite need for several whole-time health officers who shall constantly be in the field and give assistance to afflicted communities. The acquisition of these field workers may be possible at a later date. What we are concerned with at present is a fundamental organization which can gradually develop and expand to the required strength.

RELATIVE IMPORTANCE OF COMPONENT PARTS OF DEPARTMENT.

An effort has been made to present the needs of the State health department in a logical way, the most important being given first. At the same time it is realized that such an arrangement is largely an arbitrary one and that there may be times when the need for the sanitary engineer, for instance, is even greater than that for the State health officer. However, it is only by following a rational plan that an organization capable of giving service can be built up. The relative importance of the several branches of the State health work, and, consequently, the order in which the several functions should be added to the department, may be stated as follows:

1. An advisory council.
2. A whole-time State health officer.
3. A division of vital statistics, headed by a whole-time director and supplied with adequate clerical assistance.
4. A division of preventable diseases, headed by a whole-time director and supplied with adequate clerical assistance.
5. A division of child hygiene and public-health nursing, headed by a whole-time director or directress, assisted by one field advisory nurse and supplied with adequate clerical assistance.
6. A division of sanitary engineering, headed by a whole-time sanitary engineer and supplied with adequate clerical assistance.

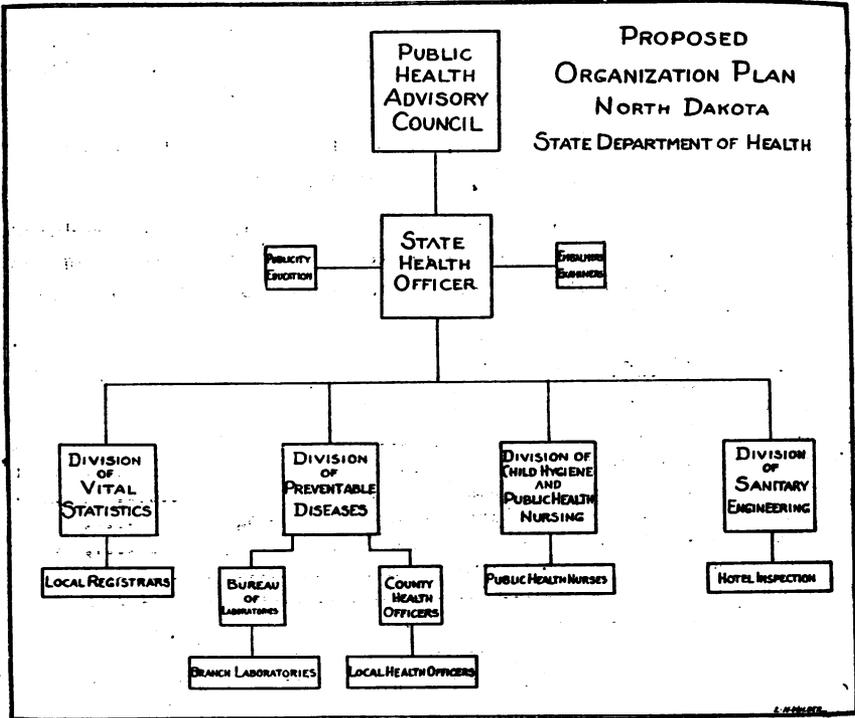
A GRAPHIC REPRESENTATION OF THE PROPOSED STATE HEALTH ORGANIZATION.

In the accompanying diagram the relation between the various factors in the organization are indicated. The governing body, or advisory council, occupies a prominent position. Through this body the State health officer will function. Health publicity and education must naturally be supervised by the State health officer. On the other hand, he retains his position as secretary of the embalmer's examining board.

Furthermore, the State health officer will supervise the work of the four divisions of the department. Local registrars submit their reports and correspondence to the division of vital statistics. Directly connected with the division of preventable diseases are the main

laboratory and three branch laboratories, and all city, county, and local health officers. The public health nurses look to the division of child hygiene and public health nursing for supervision and guidance. The hotel inspector is definitely linked up with the division of sanitary engineering, which supervises water supplies, sewage disposal, garbage and waste disposal, and other matters pertaining to general sanitation.

No attempt has been made to include in this plan the highly desirable district health officers or other essential features. North Dakota



needs a simple yet efficient State health organization. This plan is presented in the hope that these requirements will be met.

CONSIDERATION OF THE PUBLIC HEALTH BUDGET.

It is estimated that a creditable State health department could be established in North Dakota at an annual cost of \$32,500. On the basis of the present total State appropriation of \$4,158,528.04 the amount requested is approximately only 0.78 per cent of the total State appropriation. Competent public health authorities assert that a State health budget amounting to 2 per cent of the total ap-

propriation is within the limits of efficient administration. Therefore, the suggested expenditure of \$32,500 for health purposes may be considered very reasonable. The per capita cost of such a State department of health would be approximately \$0.05.

Under this arrangement it is proposed that the diagnostic laboratories remain, as heretofore, under the supervision of the University of North Dakota, yet nominally connected with the State department of health. The funds necessary for the operation of the laboratories would be included in the University's budget.

The hotel inspector, being paid from the fees collected, has not been included in the estimates. However, this inspector should be carried as an employee of the division of sanitary engineering, in which section matters concerning sanitation logically belong.

ITEMIZED ESTIMATE OF COSTS OF PROPOSED STATE DEPARTMENT OF HEALTH IN NORTH DAKOTA.

While it is not possible to prepare a budget that will absolutely meet all requirements, yet an estimate of costs has been prepared with a view of indicating the approximate expenditures for various purposes.

Purpose of expenditure.	Amount.
Per diems, members of advisory council.....	\$300
Traveling expenses of council members.....	500
Salaries:	
State health officer.....	5,000
Chief, division of vital statistics.....	2,400
Chief, division of preventable diseases.....	3,500
Chief, division of child hygiene and public health nursing.....	3,000
Advisory nurse, division of public health nursing.....	2,000
Chief, division of sanitary engineering.....	3,000
Clerical force.....	4,500
Traveling expenses.....	4,500
Printing.....	2,000
Stationery and office supplies.....	1,000
Postage.....	500
Telephone and telegraph service.....	200
Express, freight, drayage, etc.....	100
Estimated total.....	32,500

(NOTE.—An estimate for the rent of quarters has not been included. It is proposed that the State provide suitable quarters, either in the capitol in Bismarck or in a suitable building in the same city.)

ORDINANCES FOR PROTECTION OF FOOD UPHELD.

Certain sections of the code of the city of Birmingham, Ala., prohibited the sale of contaminated or adulterated food, required that food places should be screened to prevent the entrance of flies, and also required that food offered for sale should be kept indoors.

In a suit to enjoin the enforcement of these provisions of the city code, the Supreme Court of Alabama held ¹ that the city had the authority to enact ordinances designed to prevent the sale of contaminated food and also held that the particular sections in question were valid.

SOME PUBLICATIONS SUITABLE FOR GENERAL DISTRIBUTION.

There is given below a list of some nontechnical publications issued by the Bureau of the Public Health Service, covering a wide variety of subjects and suitable for general distribution.

The "Keep Well" publications constitute a series of small pamphlets which present important health facts in popular form.

The most important articles that appear each week in Public Health Reports are reprinted in pamphlet form, making possible a wider and more economical distribution of articles that are of interest to the general public.

The Public Health bulletins have proved especially valuable for general distribution in connection with campaigns for health improvement, and are useful to health officers as an aid to the solution of many local health problems.

All of the publications listed, except those marked with an asterisk (*), are available for free distribution and, as long as the supply lasts, may be obtained by addressing the Surgeon General, United States Public Health Service, Washington, D. C. Those publications marked with an asterisk are not available for free distribution, but may be purchased from the Superintendent of Documents, Government Printing Office, Washington, D. C., at the prices noted. (Send no remittances to the Public Health Service.)

Keep Well Series.

1. The Road to Health. Concise directions for keeping well—Table of average weights for men and women. 1919. 16 pages.
- *3. How to Avoid Tuberculosis. 1919. 7 pages. 5 cents.
- *4. Diphtheria. How to recognize it, keep from catching it, and treat those who do catch it. 1919. 15 pages. 5 cents.
- *5. The Safe Vacation. Selection of a place to go and what to do in case of sudden accident or illness. 1919. 32 pages. 5 cents.
6. Cancer Facts which Every Adult Should Know. 1919. 30 pages.
- *7. Vaccination: An Excellent Form of Health Insurance. 1919. 8 pages. 5 cents.
8. Motherhood: Helpful Advice to the Expectant Mother. 1919. 7 pages.
9. Breast Feeding Her Baby. Points to be remembered by all mothers. 1919. 7 pages.
10. Bottle Feeding for Babies. Concise guide for mothers. 1919. 9 pages.
- *11. Malnutrition: Helpful Advice to Mothers. 1920. 12 pages. 5 cents.
- *12. Flat Foot and Other Foot Troubles. 1920. 16 pages. 5 cents.
- *13. Good Teeth. 1921. 16 pages. 5 cents.

¹ Barrett et al. v. Riotta et al., 93 South. 636.

Supplements to the Public Health Reports.

- *2. Indoor Tropics. The injurious effect of overheated dwellings, schools, etc. By J. M. Eager. 1913. 8 pages. 5 cents.
- *3. Tuberculosis: Its Predisposing Causes. By F. C. Smith. 1913. - 7 pages. 5 cents.
- 4. The Citizen and the Public Health. By A. M. Stimson. 1913. 12 pages.
- 5. Fighting Trim. The importance of right living. By J. M. Eager. 1913. 7 pages.
- 8. Trachoma: Its Nature and Prevention. By John McMullen. 1913. 6 pages.
- 11. What the Farmer Can Do to Prevent Malaria. By R. H. von Ezdorf. 1914. 6 pages.
- 16. The Summer Care of Infants. By W. C. Rucker and C. C. Pierce. 1914. 15 pages.
- 18. Malaria: Lessons on its Cause and Prevention (for use in schools). By H. R. Carter. 1914. 20 pages; 4 plates.
- 21. Scarlet Fever: Prevention and Control. By J. W. Schereschewsky. 1914. (Revised 1922.) 18 pages.
- *24. Exercise and Health. By F. C. Smith. 1915. 7 pages. 5 cents.
- 29. The Transmission of Disease by Flies. By Ernest A. Sweet. 1916. 20 pages; 2 plates. (Revised 1922.)
- *30. Common Colds. By W. C. Rucker. 1917. 4 pages. 5 cents.
- 31. Safe Milk: An Important Food Problem. By Ernest A. Sweet. 1917. 24 pages.
- 36. What To Do to Become Physically Fit. 1918. 4 pages.

Public Health Bulletins.

- *32. Hookworm Disease (or Ground-Itch Anemia): Its Nature, Treatment, and Prevention. By C. W. Stiles. 1910. 40 pages. 10 cents.
- 35. The Relation of Climate to the Treatment of Pulmonary Tuberculosis. By F. C. Smith. 1910. 17 pages. (Revised Edition.)
- 37. The Sanitary Privy: Its Purpose and Construction. By C. W. Stiles. 1910. 24 pages; 12 figures.
- 58. Open-air Schools for the Cure and Prevention of Tuberculosis among Children. By B. S. Warren. 1912. 20 pages.
- 68. Safe Disposal of Human Excreta at Unsewered Homes. By L. L. Lumsden, C. W. Stiles, and A. W. Freeman. 1915. 28 pages.
- 69. Typhoid Fever: Its Causation and Prevention. By L. L. Lumsden. 1915. 22 pages.
- 70. Good Water for Farm Homes. By A. W. Freeman. 1915. 16 pages.
- 89. A Sanitary Privy System for Unsewered Towns and Villages. By L. L. Lumsden. 1917. 23 pages.
- *101. Studies of Methods for the Treatment and Disposal of Sewage: Treatment of Sewage from Single Houses and Small Communities. By Leslie C. Frank and C. P. Rynus. 1919. 117 pages. 25 cents.
- *102. A Home-made Milk Refrigerator. Simple method of constructing a satisfactory refrigerator with materials usually on hand. By C. Boldman. 1919. 1 page; 2 plates. 5 cents.
- 103. The Rat: Arguments for Elimination and Methods for Destruction. 1919. 12 pages.

Reprints from the Public Health Reports.

- *28. Prevention and Destruction of Mosquitoes. By Joseph Goldberger. 1906. 11 pages. 5 cents.
100. Whooping Cough: Its Nature and Prevention. By W. C. Rucker. 1912. 7 pages. (Revised 1922.)
105. Antimalarial Measures for Farm Houses and Plantations. By H. R. Carter. 1912. 8 pages.
- *122. Rat Proofing: Construction or Repair of Dwellings or Other Buildings. By Friench Simpson. 1913. 11 pages; 10 plates. 10 cents.
138. A New Design for a Sanitary Pail. By Victor G. Heiser. 1913. 2 pages. 1 plate.
150. The Citizen and the Public Health. By John W. Trask. 1913. 8 pages.
164. Mental Hygiene. By E. H. Mullan. 1914. 12 pages.
167. Relative Efficiency of Rat Traps: Trap Which Proved Most Effective in Manila. By Victor G. Heiser. 1914. 2 pages.
170. Prevention of Malaria. How to screen the home. By R. H. von Ezdorf. 1914. 6 pages.
183. Screening as an Antimalarial Measure. By H. R. Carter. 1914. 12 pages.
187. Prevention of Typhus Fever. With Especial Reference to Delousing. By Joseph Goldberger and M. H. Neill. 1914. 14 pages.
213. Safe Ice. By Hugh S. Cumming. 1914. 11 pages.
221. Tuberculosis: Financial Aspect of Leaving Home in Search of Beneficial Climate. By Thompson Frazer. 1914. 6 pages.
224. Hookworm Disease: Oil of Chenopodium Treatment. By M. G. Motter. 1914. 4 pages.
225. The Chemical Disinfection of Water. By Earle B. Phelps. 1914. 10 pages.
256. The Limitations to Self-Medication. Uses and abuses of proprietary preparations and household remedies. By Martin I. Wilbert. 1915. 6 pages.
258. Malaria Control: Drainage as an Antimalarial Measure. By J. A. A. Le Prince. 1915. 11 pages.
260. Control of Malaria: Oiling as an Antimosquito Measure. By J. A. A. Le Prince. 1915. 12 pages.
293. Methods of Destroying Lice. Abstract of an article by J. Parlane Kinloch, M. D. 1915. 4 pages.
299. Essentials of Swimming-Pool Sanitation. By W. A. Manheimer. 1915. 16 pages.
303. Heights and Weights of Children: Classification by Age and by Sanitation, of 1,652 White School Children in the City of X. By C. W. Stiles and George A. Wheeler. 1915. 15 pages.
- *349. Hay Fever and Its Prevention. By W. Scheppegrell. 1916. 12 pages; 6 plates. 10 cents.
358. Mental Examinations of School Children. By Taliaferro Clark. 1916. 8 pages.
366. The Physical Care of Rural School Children. By Taliaferro Clark. 1916. 6 pages.
377. Mental Status of Rural School Children: Sanitary Survey in New Castle County, Delaware—With a Description of the Tests. By E. H. Mullan. The Mental Status of Rural School Children of Porter County, Indiana. By Taliferro Clark and W. L. Treadway. 1916. 30 pages.
387. Climate and Tuberculosis: Relation of Climate to Recovery. By John W. Trask. 1917. 8 pages.
404. Chemical Closets. 1917. 3 pages.
- *412. Hay Fever: Cause and Prevention in the Rocky Mountain and Pacific States. By W. Scheppegrell. 1917. 17 pages; 2 plates. 10 cents.

435. Vaccination Against Smallpox. 1917. 3 pages.
- *454. Prophylaxis of Malaria: Immunization by Quinine. By H. R. Carter. 1918. 9 pages. 5 cents.
456. The Application of Ozone to the Purification of Swimming Pools. By Wallace A. Manheimer. 1918. 8 pages.
461. Pellagra: Its Nature and Prevention. By Joseph Goldberger. 1918. (Revised 1921.) 8 pages.
- *497. Safe Milk for the Small Town. By K. E. Miller. 1918. 5 pages. 5 cents.
- *504. The Treatment of Sewage from Single Houses and Small Communities. By Earle B. Phelps. 1919. 6 pages; 2 plates. 5 cents.
513. The New Science of Industrial Physiology. By Frederic S. Lee. 1919. 9 pages.
514. Some Observations on Mental Defectiveness and Mental Retardation Among Children. By Walter L. Treadway. 1919. 5 pages.
- *517. Is Your Community Fit? 1919. 3 pages. 5 cents.
- *518. Mental Hygiene Leaflet for Teachers. 1919. 5 pages. 5 cents.
527. Fishes in Relation to Mosquito Control in Ponds. By Samuel F. Hildebrand. 1919. 15 pages; 6 plates. (Revised 1922.)
532. A Disposal Station for a Can Privy System. By E. B. Johnson. 1919. 6 pages; 2 plates.
- *545. The Treatment of Hay Fever. By W. Scheppegrell. 1919. 9 pages; 2 plates; 5 cents.
552. The Malaria Problem in the South. By H. R. Carter. 1919. 11 pages.
554. School Medical Inspection. By Taliaferro Clark. 1919. 6 pages.
- *584. Ivy and Sumac Poisoning. By E. A. Sweet and C. V. Grant. 1920. 16 pages; 2 plates. 5 cents.
- *588. Dried Milk Powder in Infant Feeding. By W. H. Price. 1920. 20 pages, 5 cents.
595. What Can a Community Afford to Pay to Rid Itself of Malaria? By L. M. Fisher. 1920. 5 pages.
610. The Seasons, Causes, and Geographical Distribution of Hay Fever, and the Hay Fever Resorts in the United States. By W. Scheppegrell. 1920. 25 pages; 3 plates.
622. Children's Teeth, a Community Responsibility. By Taliaferro Clark and H. B. Butler. 1920. 18 pages. 1 plate.
625. Sanitary Disposal of Sewage Through a Septic Tank: Simple Construction and Inexpensive Operation for Isolated Dwellings. By H. R. Crohurst. 1920. 8 pages.
626. The Bedbug: Relation to Public Health, Habits, Life History, Methods of Control. 1920. 8 pages.
638. Modern Medicine and the Public Health. By W. T. Sedgwick. 1921. 8 pages.
645. The Fate of the First Molar. By H. B. Butler. 1921. 6 pages.
654. Nutrition in Childhood. By Taliaferro Clark. 1921. 10 pages. (Revised 1922.)
655. Guide to Proper Rat-Proofing of Buildings. By C. E. Hauer. 1921. 13 pages.
661. Evolution and Organization of the Public Health Service. 1921. 12 pages.
672. The Standard Treatment for Malaria. By C. C. Bass. 1921. 4 pages.
674. Sickness Among School Children: Loss of Time from School Among 6,130 School Children in 13 Localities in Missouri. By S. D. Collins. 1921. 11 pages.
682. The Work of the Public Health Service in the Care of Disabled Veterans of the World War. By H. S. Cumming. 1921. 10 pages.
683. School Health Supervision in Minneapolis, Minnesota. By Taliaferro Clark. 1921. 35 pages.

686. **Essentials of Smallpox Vaccination.** By J. P. Leake and J. N. Force. 1921. 5 pages.
694. **Carbon Monoxide Poisoning in Closed Garages.** 1921. 6 pages.
698. **Diphtheria Immunization.** 1921. 6 pages.
707. **Good Teeth: The Importance of Good Teeth and the Prevention of Decay.** 1921. 10 pages.
727. **The Care of Your Baby.** 1922. 40 pages.
728. **Treatment of Carbon Monoxide Poisoning.** By R. R. Sayers and H. R. O'Brien. 1922. 5 pages.
742. **Correcting Physical Defects in School Children.** 1922. 16 pages.
750. **Heights and Weights of School Children.** By Taliaferro Clark, Edgar Sydenstricker, and S. D. Collins. 1922. 22 pages.
753. **Adenoids. What they are and how to treat them.** 1922. 2 pages; 1 plate.
754. **The Delinquent.** By Frank E. Lealie. 1922, 10 pages.
778. **Diphtheria: Its Prevention and Control.** By J. W. Schereschewsky. (Revised Edition of Supplement No. 14.) 1922.
779. **The Posture of School Children in Relation to Nutrition, Physical Defects, School Grade, and Physical Training.** By E. Blanche Sterling. 1922. 6 pages.
780. **Measles: An important Disease from the Public Health Standpoint.** By W. C. Rucker. (Revised Edition of Supplement No. 1.) 1922.
783. **The School Nurse: Her Duties and Responsibilities.** By Taliaferro Clark. 1922.
789. **Dried Milk Powder in Infant Feeding.** By Taliaferro Clark and S. D. Collins. 1922.

Miscellaneous Publications.

- *17. **Prevention of Disease and Care of the Sick.** 3d Edition. By W. G. Stimpson. **First Aid to the Injured.** By M. H. Foster. 1919. 318 pages. Paper bound, 75 cents; cloth bound, 1 dollar.
- *21. **What to do in Accidents.** (Adapted from "First Aid to the Injured," by M. H. Foster. Misc. Pub. No. 17. 1920.) 61 pages. 10 cents.
- *26. **Questions and Answers on Tuberculosis.** By B. K. Hays. 1920. 10 pages. 5 cents.
27. **Tuberculosis: Its Nature and Prevention.** By F. C. Smith. 1921. 12 pages; 1 plate. (Reprint of Public Health Bulletin No. 36.)
28. **Getting Well: Some Things Worth Knowing About Tuberculosis.** By medical officers of the Public Health Service, private specialists, and patients. Edited and arranged by Nathan Barlow. 1922.

Posters.

1. **The House Fly.**
- *2. **Use the Handkerchief.** 5 cents.
3. **The Sanitary Privy.**
4. **Influenza.**
- *8. **Keep Well.** 5 cents.
9. **Malaria: Quinine as a Prophylactic.**
10. **Malaria: Need of Skilled Physician's Treatment.**
11. **Malaria: Rôle of Mosquitoes.**
12. **Malaria: Screening as a Preventive Measure.**

Venereal Disease Bulletins.

6. **Manpower.** A pamphlet for men giving the facts of venereal disease and some material on sex hygiene.
7. **The Problem of Sex Education in Schools.** For educators.

- 22a. **The Place of the Church in the Control of Venereal Disease.**
31. **Important Confidential Information.** For persons infected with venereal disease.
37. **A Message from the Government to the Churches of the United States.**
39. **Venereal Disease Ordinances.**
43. **The Public Health Nurse and Venereal Disease Control.**
47. **The Percentage of Venereal Diseases Among Approximately the Second Million Drafted Men—By Cities.**
51. **Fighting Venereal Diseases.** Contains information for men and prepared for use in barber shops.
53. **Is This Enough?** Suggests methods of cooperation in the program of combating venereal disease.
54. **The Case Against the Red Light District.**
55. **Keeping Fit.** For older boys. Tells how to keep in prime physical condition and includes essential information regarding sex hygiene.
59. **The Wonderful Story of Life.** A pamphlet for parents to read to little children.
60. **Healthy, Happy Womanhood.** A pamphlet which sets forth in simple language facts regarding sex and venereal disease essential to the welfare of girls and young women.
61. **Sex Education in the Home.** For parents.
62. **Outdoing the Ostrich.** Sets forth the threefold plan for combating venereal disease.
63. **The Facts About Venereal Diseases.** For men. Contains in condensed form much of the information in "Manpower."
64. **A Square Deal for the Boy in Industry.** For those engaged in work with boys. Outlines a method of reaching employed boys with the "Keeping Fit" exhibit.
66. **What Representative Citizens Think About Prostitution.**
67. **Syphilis and Gonorrhea: Diseases of Youth.**
68. **An Open Forum on the "Open House."**
69. **The Status of Sex Education in Schools.**
70. **Dividends from Venereal Disease Control.**
71. **You and Your Boy.** For parents.
72. **The Need for Sex Education.** Contains a list of useful books.
- ***High Schools and Sex Education.** A manual for teachers, setting forth the nature of sex education and describing the courses into which a limited amount of sex information may be introduced when well-qualified teachers are available. 98 pages (buckram). 50 cents.

DEATHS DURING WEEK ENDED NOVEMBER 25, 1922.

Summary of information received by telegraph from industrial insurance companies for week ended November 25, 1922, and corresponding week 1921. (From the Weekly Health Index, November 28, 1922, issued by the Bureau of the Census, Department of Commerce.)

	Week ended Nov. 25, 1922.	Corresponding week, 1921.
Policies in force	51, 357, 688	47, 761, 374
Number of death claims	9, 043	7, 188
Death claims per 1,000 policies in force, annual rate	9. 2	7. 8

Deaths from all causes in certain large cities of the United States during the week ended November 25, 1922, infant mortality, annual death rate, and comparison with corresponding week of 1921. (From the Weekly Health Index, November 28, 1922, issued by the Bureau of the Census, Department of Commerce.)

City.	Estimated population July 1, 1922.	Week ended Nov. 25, 1922.		Annual death rate per 1,000 corresponding week 1921.	Deaths under 1 year.		Infant mortality rate, week ended Nov. 25, 1922. ¹
		Total deaths.	Death rate. ¹		Week ended Nov. 25, 1922.	Corresponding week 1921.	
Total.....	28, 385, 235	6, 631	12. 2	11. 5	800	751	.....
Akron, Ohio.....	* 208, 435	18	4. 5	5. 3	3	4	38
Albany, N. Y.....	116, 223	34	15. 3	13. 6	1	2	22
Atlanta, Ga.....	220, 047	68	16. 1	15. 1	5	5	.....
Baltimore, Md.....	762, 222	178	12. 2	12. 6	29	24	82
Birmingham, Ala.....	191, 017	45	12. 3	14. 0	8	7	.....
Boston, Mass.....	784, 017	226	15. 4	14. 6	33	32	80
Bridgeport, Conn.....	* 143, 555	28	10. 2	10. 2	2	2	25
Buffalo, N. Y.....	526, 163	132	13. 0	10. 8	16	13	65
Cambridge, Mass.....	110, 944	21	9. 9	13. 7	3	1	51
Camden, N. J.....	121, 915	44	18. 8	11. 8	4	4	63
Chicago, Ill.....	2, 833, 288	585	10. 8	10. 1	62	73	.....
Cincinnati, Ohio.....	404, 865	117	15. 1	12. 7	6	8	28
Cleveland, Ohio.....	854, 565	163	9. 9	10. 3	22	23	57
Columbus, Ohio.....	253, 455	63	13. 0	12. 2	4	5	42
Dallas, Tex.....	171, 974	38	11. 5	12. 0	8	6	.....
Dayton, Ohio.....	161, 824	34	11. 0	10. 6	4	4	65
Denver, Colo.....	267, 591	93	18. 1	13. 3	4	11	.....
Detroit, Mich.....	* 993, 678	205	10. 8	9. 3	40	32	75
Eric, Pa.....	109, 528	20	9. 5	12. 7	5	3	96
Fall River, Mass.....	120, 790	55	23. 7	11. 7	9	5	126
Flint, Mich.....	111, 794	13	6. 1	.....	2	.....	38
Fort Worth, Tex.....	114, 717	24	10. 9	13. 1	3	2	.....
Grand Rapids, Mich.....	143, 572	27	9. 8	12. 9	4	2	62
Houston, Tex.....	150, 087	28	9. 7	8. 3	4	5	.....
Indianapolis, Ind.....	333, 257	97	15. 2	15. 5	10	11	74
Jersey City, N. J.....	305, 911	66	11. 3	11. 5	9	10	57
Kansas City, Kans.....	113, 801	19	8. 7	13. 1	3	1	65
Kansas City, Mo.....	343, 988	80	12. 1	15. 8	10	11	19
Los Angeles, Calif.....	634, 866	183	15. 0	14. 6	11	19	45
Louisville, Ky.....	256, 877	61	12. 4	15. 0	6	5	64
Lowell, Mass.....	114, 423	26	11. 8	11. 5	4	4	66
Lynn, Mass.....	101, 673	28	14. 4	.....	1	.....	25
Memphis, Tenn.....	167, 862	59	18. 3	16. 4	6	7	.....
Milwaukee, Wis.....	476, 603	85	9. 3	12. 6	11	19	63
Minneapolis, Minn.....	400, 970	82	10. 7	10. 8	6	5	33
Nashville, Tenn.....	122, 832	40	17. 0	16. 7	9	1	.....
New Bedford, Mass.....	127, 542	29	11. 9	9. 2	7	3	100
New Haven, Conn.....	169, 987	38	11. 7	10. 9	5	3	61
New Orleans, La.....	398, 616	126	16. 4	13. 9	18	9	.....
New York, N. Y.....	5, 838, 746	1, 253	11. 0	10. 7	146	158	57
Bronx Borough.....	836, 536	150	9. 7	8. 7	11	13	37
Brooklyn Borough.....	2, 117, 164	431	10. 6	9. 3	54	51	56
Manhattan Borough.....	2, 271, 888	525	12. 0	13. 1	66	85	61
Queens Borough.....	516, 757	98	9. 9	7. 6	12	5	65
Richmond Borough.....	124, 401	29	12. 2	15. 5	3	4	55
Newark, N. J.....	431, 792	104	12. 6	8. 2	12	16	53
Norfolk, Va.....	124, 915	19	7. 9	7. 7	1	3	19

¹ Annual rate per 1,000 population.

² Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1921. Cities left blank are not in the registration area for births.

Deaths from all causes in certain large cities of the United States during the week ended November 25, 1922, infant mortality, annual death rate, and comparison with corresponding week of 1921. (From the Weekly Health Index, November 28, 1922, issued by the Bureau of the Census, Department of Commerce)—Continued.

City.	Estimated population July 1, 1922.	Week ended Nov. 25, 1922.		Annual death rate per 1,000 corresponding week 1921.	Deaths under 1 year.		Infant mortality rate, week ended Nov. 25, 1922.
		Total deaths.	Death rate. ¹		Week ended Nov. 25, 1922.	Corresponding week 1921.	
Oakland, Calif.....	233, 279	57	12.7	13.6	3	5	37
Omaha, Nebr.....	200, 739	49	12.7	11.4	4	3	43
Paterson, N. J.....	138, 521	36	13.6	10.2	7	3	109
Philadelphia, Pa.....	1, 894, 500	490	13.5	11.1	74	36	89
Pittsburgh, Pa.....	667, 902	180	15.4	14.8	27	36	39
Portland, Oreg.....	269, 240	55	10.7	12.2	3	4	29
Providence, R. I.....	241, 011	55	11.9	12.2	5	9	40
Richmond, Va.....	178, 365	74	21.6	13.9	14	7	188
Rochester, N. Y.....	311, 548	62	10.4	11.6	12	7	92
St. Louis, Mo.....	795, 008	184	12.1	11.8	12	18	.....
St. Paul, Minn.....	239, 836	46	10.0	11.0	3	6	28
Salt Lake City, Utah.....	123, 918	28	11.8	9.9	7	2	107
San Antonio, Tex.....	178, 056	43	12.6	.....	9	.....	.....
San Francisco, Calif.....	529, 792	151	14.9	15.2	7	13	40
Seattle, Wash.....	* 315, 312	54	8.9	9.1	3	2	28
Spokane, Wash.....	104, 445	22	11.0	12.0	2	2	40
Springfield, Mass.....	140, 052	24	8.9	8.4	2	0	31
Syracuse, N. Y.....	181, 012	41	11.8	14.1	4	7	48
Toledo, Ohio.....	260, 717	61	12.2	9.0	5	4	48
Trenton, N. J.....	125, 075	45	18.8	14.4	7	7	108
Washington, D. C.....	* 437, 571	126	15.0	10.0	16	7	92
Wilmington, Del.....	115, 568	27	12.2	11.0	5	2	98
Worcester, Mass.....	158, 449	40	11.1	13.2	7	5	75
Yonkers, N. Y.....	105, 422	22	10.9	6.1	4	2	82
Youngstown, Ohio.....	144, 970	25	9.0	9.3	2	5	26

¹ Enumerated population Jan. 1, 1920.

PREVALENCE OF DISEASE.

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

UNITED STATES.

CURRENT STATE SUMMARIES.

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers.

Reports for Week Ended December 2, 1922.

ARKANSAS.		FLORIDA.	
	Cases.		Cases.
Chicken pox.....	29	Dengue.....	9
Dengue.....	13	Diphtheria.....	22
Diphtheria.....	25	Influenza.....	46
Influenza.....	28	Malaria.....	8
Malaria.....	34	Paratyphoid fever.....	1
Mumps.....	2	Pneumonia.....	4
Pellagra.....	3	Scarlet fever.....	2
Scarlet fever.....	13	Trachoma.....	1
Smallpox.....	1	Typhoid fever.....	9
Tuberculosis.....	25		
Typhoid fever.....	12		
Whooping cough.....	10		
COLORADO.		GEORGIA.	
(Exclusive of Denver.)			
Cerebrospinal meningitis.....	1	Chicken pox.....	1
Chicken pox.....	33	Dengue.....	41
Diphtheria.....	42	Diphtheria.....	25
Impetigo contagiosa.....	4	Hookworm disease.....	37
Measles.....	3	Influenza.....	246
Mumps.....	1	Malaria.....	16
Pneumonia.....	3	Pneumonia.....	8
Scarlet fever.....	56	Scarlet fever.....	9
Smallpox.....	10	Septic sore throat.....	3
Tuberculosis.....	36	Smallpox.....	1
Typhoid fever.....	11	Tuberculosis (all forms).....	9
		Typhoid fever.....	7
		Whooping cough.....	7
CONNECTICUT.		IOWA.	
Cerebrospinal meningitis.....	1	Diphtheria.....	132
Chicken pox.....	65	Scarlet fever.....	96
Diphtheria.....	111	Smallpox.....	2
German measles.....	2		
Influenza.....	3		
Malaria.....	9		
Measles.....	180		
Mumps.....	17		
Pneumonia (lobar).....	24		
Scarlet fever.....	77		
Septic sore throat.....	1		
Tuberculosis (all forms).....	24		
Typhoid fever.....	4		
Whooping cough.....	56		
		KANSAS.	
		Cerebrospinal meningitis.....	1
		Chicken pox.....	50
		Diphtheria.....	122
		Influenza.....	4
		Measles.....	7
		Mumps.....	5
		Pneumonia.....	25
		Scarlet fever.....	128
		Smallpox.....	3
		Tuberculosis.....	45
		Typhoid fever.....	11
		Whooping cough.....	16

LOUISIANA.	Cases.
Dengue.....	101
Diphtheria.....	58
Influenza.....	3
Scarlet fever.....	13
Smallpox.....	6
Typhoid fever.....	16
MAINE.	
Chicken pox.....	36
Diphtheria.....	12
Influenza.....	5
Measles.....	10
Pneumonia.....	21
Poliomyelitis.....	1
Scarlet fever.....	36
Tuberculosis.....	10
Typhoid fever.....	11
Whooping cough.....	31
MARYLAND. ¹	
Chicken pox.....	62
Diphtheria.....	114
Dysentery.....	1
German measles.....	14
Impetigo contagiosa.....	2
Influenza.....	30
Malaria.....	1
Measles.....	132
Mumps.....	16
Ophthalmia neonatorum.....	1
Pneumonia (all forms).....	76
Poliomyelitis.....	2
Scarlet fever.....	82
Septic sore throat.....	2
Tuberculosis.....	29
Typhoid fever.....	22
Whooping cough.....	59
MASSACHUSETTS.	
Cerebrospinal meningitis.....	4
Chicken pox.....	136
Conjunctivitis (suppurative).....	6
Diphtheria.....	244
German measles.....	4
Hookworm disease.....	4
Influenza.....	7
Lethargic encephalitis.....	3
Measles.....	309
Mumps.....	127
Ophthalmia neonatorum.....	18
Pneumonia (lobar).....	111
Poliomyelitis.....	5
Scarlet fever.....	227
Smallpox.....	1
Trachoma.....	6
Tuberculosis (all forms).....	112
Typhoid fever.....	16
Whooping cough.....	205
MICHIGAN.	
Diphtheria.....	221
Measles.....	31
Pneumonia.....	127
Scarlet fever.....	296
Smallpox.....	34
Tuberculosis.....	77
Typhoid fever.....	13
Whooping cough.....	119

¹Week ended Friday.

NEBRASKA.	Cases.
Chicken pox.....	24
Diphtheria.....	22
Omaha.....	43
Scattering.....	3
Influenza.....	1
Malaria.....	4
Measles.....	2
Mumps.....	8
Scarlet fever.....	9
Dixon County.....	8
Hamilton County.....	9
Murdock.....	8
Omaha.....	8
Scattering.....	57
Smallpox.....	1
Tuberculosis.....	1
Typhoid fever.....	3
Whooping cough.....	8
NEW JERSEY.	
Cerebrospinal meningitis.....	3
Chicken pox.....	138
Diphtheria.....	234
Influenza.....	11
Measles.....	456
Pneumonia.....	140
Poliomyelitis.....	2
Scarlet fever.....	126
Trachoma.....	1
Typhoid fever.....	61
Whooping cough.....	139
NEW MEXICO.	
Chicken pox.....	9
Diphtheria.....	29
Dysentery.....	1
Influenza.....	2
Measles.....	1
Pneumonia.....	4
Scarlet fever.....	4
Tuberculosis.....	18
Trachoma.....	1
Typhoid fever.....	7
NEW YORK.	
(Exclusive of New York City.)	
Cerebrospinal meningitis.....	2
Diphtheria.....	209
Influenza.....	12
Lethargic encephalitis.....	1
Measles.....	101
Pneumonia.....	193
Poliomyelitis.....	3
Scarlet fever.....	286
Smallpox.....	7
Typhoid fever.....	28
Whooping cough.....	346
NORTH CAROLINA.	
Chicken pox.....	99
Diphtheria.....	138
German measles.....	8
Measles.....	24
Poliomyelitis.....	1
Scarlet fever.....	90

NORTH CAROLINA—continued.

	Cases.
Septic sore throat.....	5
Smallpox.....	42
Trachoma.....	1
Typhoid fever.....	7
Whooping cough.....	57

OREGON.

Chicken pox.....	25
Diphtheria.....	4
Influenza.....	11
Measles.....	2
Mumps.....	1
Pneumonia.....	10
Scarlet fever.....	15
Smallpox.....	8
Tuberculosis.....	5
Typhoid fever.....	8
Whooping cough.....	3

SOUTH DAKOTA.

Chicken pox.....	6
Diphtheria.....	6
Measles.....	3
Pneumonia.....	6
Scarlet fever.....	27
Smallpox.....	2
Trachoma.....	15
Tuberculosis.....	2
Typhoid fever.....	3

TEXAS.

Dengue.....	222
Diphtheria.....	73
Leprosy.....	1
Pellagra.....	2
Pneumonia.....	18
Scarlet fever.....	18
Smallpox.....	5
Typhoid fever.....	7

VERMONT.

Chicken pox.....	40
Diphtheria.....	6
Measles.....	4
Pneumonia.....	8
Scarlet fever.....	19
Typhoid fever.....	1
Whooping cough.....	28

WASHINGTON.

Chicken pox.....	99
Diphtheria:	
Spokane.....	12
Scattering.....	10

WASHINGTON—continued.

	Cases.
Lethargic encephalitis:	
Chelan County.....	1
Measles.....	9
Mumps.....	19
Scarlet fever:	

Seattle.....	12
Spokane.....	11
Tacoma.....	14
Scattering.....	12

Smallpox:	
Stanwood.....	16
Scattering.....	15
Tuberculosis.....	12
Typhoid fever.....	7
Whooping cough.....	11

WEST VIRGINIA.

Diphtheria:	
Charleston.....	9
Scattering.....	47
Scarlet fever.....	21
Typhoid fever.....	5

WISCONSIN.

Milwaukee:	
Cerebrospinal meningitis.....	1
Chicken pox.....	21
Diphtheria.....	41
German measles.....	2
Measles.....	49
Pneumonia.....	3
Scarlet fever.....	49
Tuberculosis.....	5
Whooping cough.....	19

Scattering:	
Chicken pox.....	128
Diphtheria.....	99
German measles.....	1
Influenza.....	37
Measles.....	122
Ophthalmia neonatorum.....	1
Pneumonia.....	12
Poliomyelitis.....	1
Scarlet fever.....	165
Smallpox.....	43
Trachoma.....	2
Tuberculosis.....	22
Typhoid fever.....	12
Whooping cough.....	128

Reports for Week Ended November 25, 1922.

ALABAMA.

	Cases.
Chicken pox.....	12
Dengue.....	20
Diphtheria.....	37
Hookworm disease.....	32
Influenza.....	143
Malaria.....	6
Pellagra.....	1
Poliomyelitis.....	1
Scarlet fever.....	13
Tuberculosis.....	10
Typhoid fever.....	6

¹ Death.

CALIFORNIA.

	Cases.
Anthrax:	
Marysville.....	1
Yuba City.....	1
Cerebrospinal meningitis:	
Los Angeles.....	1
San Diego.....	1
Diphtheria.....	199
Influenza.....	12
Leprosy—San Francisco.....	1
Lethargic encephalitis—Sacramento.....	1
Measles.....	12
Scarlet fever.....	145

CALIFORNIA—continued.	
	Cases.
Smallpox.....	17
Typhoid fever.....	18
Typhus fever—Los Angeles.....	1
DISTRICT OF COLUMBIA.	
Chicken pox.....	10
Diphtheria.....	36
Influenza.....	1
Lethargic encephalitis.....	1
Measles.....	1
Scarlet fever.....	9
Tuberculosis.....	28
Typhoid fever.....	2
Whooping cough.....	18
INDIANA.	
Diphtheria.....	236
Scarlet fever.....	81
Smallpox.....	9
Typhoid fever.....	3
KENTUCKY.	
Chicken pox.....	21
Diphtheria:	
Jefferson County.....	22
Scattering.....	32
German measles.....	1
Influenza.....	20
Measles:	
Henderson County.....	42
Logan County.....	16
McCracken County.....	55
Scattering.....	8
Mumps.....	1
Pneumonia.....	17
Scarlet fever.....	20
Septic sore throat.....	2
Trachoma.....	3
Tuberculosis:	
Jefferson County.....	24
Scattering.....	3
Typhoid fever:	
Harlan County.....	20
Scattering.....	9
Whooping cough.....	13
MINNESOTA.	
Chicken pox.....	40
Diphtheria.....	199
Lethargic encephalitis.....	1
Measles.....	8
Pneumonia.....	8
Scarlet fever.....	246
Smallpox.....	35
Trachoma.....	10
Tuberculosis.....	111

MINNESOTA—continued.	
	Cases.
Typhoid fever.....	10
Whooping cough.....	4
MISSISSIPPI.	
Dengue.....	18
Diphtheria.....	35
Poliomyelitis.....	1
Scarlet fever.....	11
Smallpox.....	7
Typhoid fever.....	6
MISSOURI.	
Cerebrospinal meningitis.....	1
Chicken pox.....	23
Diphtheria.....	87
Epidemic sore throat.....	1
Influenza.....	2
Measles.....	1
Mumps.....	8
Scarlet fever.....	80
Smallpox.....	9
Tetanus.....	1
Trachoma.....	7
Tuberculosis.....	9
Typhoid fever.....	12
Whooping cough.....	8
NORTH DAKOTA.	
Diphtheria.....	2
German measles.....	1
Measles.....	2
Pneumonia.....	7
Poliomyelitis.....	1
Scarlet fever.....	54
Smallpox.....	15
Tuberculosis.....	31
Typhoid fever.....	9
Whooping cough.....	4
SOUTH DAKOTA.	
Chicken pox.....	7
Diphtheria.....	5
Measles.....	1
Pneumonia.....	1
Scarlet fever.....	33
Smallpox.....	9
Tuberculosis.....	2
Typhoid fever.....	1
Whooping cough.....	1
WYOMING.	
Chicken pox.....	14
Diphtheria.....	6
Measles.....	2
Pneumonia.....	1
Scarlet fever.....	3
Smallpox.....	1
Typhoid fever.....	1

SUMMARY OF CASES REPORTED MONTHLY BY STATES.

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State.	Cerebrospinal meningitis.	Diphtheria.	Influenza.	Malaria.	Measles.	Pellagra.	Pollomyelitis.	Scarlet fever.	Smallpox.	Typhoid fever.
<i>October, 1922.</i>										
Hawaii.....	2	9	11		169			3		10
Maine.....	1	49	4		9		4	91		33
Oregon.....		41	7		10			44	63	44
Pennsylvania.....	5	2,160		3	2,553	1	9	1,419	1	473

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922.

CEREBROSPINAL MENINGITIS.

The column headed "Median for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1921, inclusive. In instances in which data for the full seven years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Nov. 18, 1922.		City.	Median for previous years.	Week ended Nov. 18, 1922.	
		Cases.	Deaths.			Cases.	Deaths.
Connecticut:				Michigan:			
Bridgeport.....	0	1		Ann Arbor.....	0	1	1
Florida:				Flint.....	0		1
Tampa.....			1	New York:			
Indiana:				New York.....	3	5	1
Gary.....	0		1	Texas:			
Iowa:				Galveston.....	0		1
Waterloo.....		1		Virginia:			
Massachusetts:				Richmond.....	0		1
Boston.....	1	4	2	West Virginia:			
Salem.....	0		1	Bluefield.....	0		1
Springfield.....	0	1					

DENGUE.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Florida:			South Carolina:		
Tampa.....		1	Charleston.....	14	
Louisiana:					
New Orleans.....	34				

DIPHTHERIA.

See p. 3058; also Current State summaries, p. 3048; and Monthly summaries, by States, p. 3052.

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

INFLUENZA.

City.	Cases.		Deaths, week ended Nov. 18, 1922.	City.	Cases.		Deaths, week ended Nov. 18, 1922.
	Week ended Nov. 19, 1921.	Week ended Nov. 18, 1922.			Week ended Nov. 19, 1921.	Week ended Nov. 18, 1922.	
Alabama:				Montana:			
Birmingham.....		1	1	Billings.....	1		
California:				New Jersey:			
Bakersfield.....	1			Atlantic City.....	1		
Long Beach.....			1	East Orange.....	1		
Oakland.....		2		Harrison.....		1	
San Francisco.....	4	1		Kearny.....		1	
Connecticut:				Newark.....		6	
Meriden.....	1			New York:			
New Britain.....	2			Albany.....	7		
District of Columbia:				New York.....	22	45	9
Washington.....	1			Peekskill.....		2	
Georgia:				Rochester.....	2		1
Atlanta.....	1			Ohio:			
Illinois:				Cincinnati.....			3
Chicago.....	13	17	5	Oregon:			
Louisiana:				Portland.....		1	1
New Orleans.....	2	2	1	Pennsylvania:			
Maryland:				Philadelphia.....	4	5	7
Baltimore.....	12	21		Rhode Island:			
Massachusetts:				Providence.....	2		
Boston.....	2	2		Tennessee:			
Brookline.....		1		Memphis.....			1
Cambridge.....	1	4		Nashville.....			1
Fall River.....	1			Utah:			
Haverhill.....	2	1		Salt Lake City.....			3
Methuen.....		1		Virginia:			
Michigan:				Roanoke.....	3		
Detroit.....		3		West Virginia:			
Flint.....		1		Huntington.....			1
Minnesota:							
Minneapolis.....			1				
Missouri:							
St. Louis.....	1	1					
Springfield.....			1				

LEPROSY.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
California:			Oregon:		
Los Angeles.....	4		Portland.....	1	

MALARIA.

Connecticut:			Maryland:		
Hartford.....	2		Baltimore.....	2	
Florida:			New York:		
Tampa.....	2		New York.....	2	1
Georgia:			North Carolina:		
Brunswick.....	1		Raleigh.....		1
Rome.....	1		Tennessee:		
Savannah.....	1	1	Memphis.....	3	1
Louisiana:					
New Orleans.....	3				

MEASLES.

See p. 3058; also Current State summaries, p. 3048, and Monthly summaries by States, p. 3052.

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

PELLAGRA.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
California:			Massachusetts:		
San Diego.....	1	1	Boston.....	1	1
Georgia:			North Carolina:		
Atlanta.....	1	1	Raleigh.....		1
Maryland:			Texas:		
Baltimore.....	1		Fort Worth.....	1	1

PNEUMONIA (ALL FORMS).

Alabama:			Louisiana:		
Birmingham.....	3	2	New Orleans.....		7
Arkansas:			Maine:		
Little Rock.....	1		Bangor.....	2	
California:			Bath.....	1	
Bakersfield.....		2	Portland.....	2	
Long Beach.....	2	2	Maryland:		
Los Angeles.....	25	11	Baltimore.....	46	20
Oakland.....	5	4	Massachusetts:		
Sacramento.....	1	1	Amesbury.....	1	
San Bernardino.....	1		Arlington.....		1
San Diego.....		2	Boston.....		27
San Francisco.....	20	8	Braintree.....	1	
Santa Ana.....	1		Brookline.....	3	
Colorado:			Cambridge.....	5	3
Denver.....		9	Chelsea.....		2
Connecticut:			Chicopee.....		3
Bridgeport.....		3	Easthampton.....		1
Bristol.....	3	1	Everett.....	2	1
Hartford.....	4	1	Fall River.....		3
Meriden.....	1		Fitchburg.....		2
New Haven.....		5	Gardner.....	1	
New London.....	3		Haverhill.....	2	
Waterbury.....		3	Holyoke.....		2
District of Columbia:			Lawrence.....	2	1
Washington.....		15	Leominster.....	2	1
Florida:			Lowell.....		4
St. Petersburg.....		1	Lynn.....	2	
Tampa.....		2	Malden.....		2
Georgia:			Medford.....	1	
Atlanta.....		16	Melrose.....		2
Savannah.....		5	New Bedford.....		3
Illinois:			Newton.....		1
Aurora.....	2	1	Pittsfield.....	1	
Bloomington.....		2	Plymouth.....		1
Chicago.....	136	56	Quincy.....		2
Cicero.....	1		Salem.....		1
East St. Louis.....		2	Somerville.....	5	2
Elgin.....	3	1	Springfield.....	3	
Evanston.....	3		Taunton.....	2	
Forest Park.....	1		Watertown.....	2	1
Freeport.....	2	1	Winthrop.....	2	
Galesburg.....	1	1	Worcester.....	8	4
Kewanee.....	2	1	Michigan:		
La Salle.....	1		Ann Arbor.....	1	
Oak Park.....	1		Detroit.....	56	16
Quincy.....		3	Flint.....	4	1
Rockford.....	2	1	Grand Rapids.....	2	
Springfield.....	1		Hamtramck.....		4
Indiana:			Highland Park.....	2	
East Chicago.....	1		Holland.....	1	
Fort Wayne.....	3		Kalamazoo.....	2	1
Gary.....	1		Marquette.....	2	
Hammond.....	3		Pontiac.....	2	1
Indianapolis.....	6		Port Huron.....		1
Mishawaka.....	1		Sault Ste. Marie.....	2	1
Terre Haute.....	2		Minnesota:		
Iowa:			Duluth.....	5	2
Council Bluffs.....		1	Hibbing.....		1
Kansas:			Minneapolis.....		5
Kansas City.....	3		St. Paul.....		6
Lawrence.....	1		Missouri:		
Parsons.....	1		Kansas City.....	12	10
Topeka.....	2	1	Springfield.....		1
Wichita.....		1	Montana:		
Kentucky:			Billings.....		1
Covington.....		2	Great Falls.....		1
Louisville.....		13	Missoula.....		1

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

PNEUMONIA (ALL FORMS)—Continued.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Nebraska:			Ohio:		
Lincoln.....		1	Akron.....	1	
Omaha.....		4	Barberton.....		1
Nevada:			Bucyrus.....	1	
Reno.....		1	Cincinnati.....		5
New Hampshire:			Cleveland.....	23	8
Keene.....		2	Columbus.....		8
New Jersey:			East Cleveland.....	1	
Atlantic City.....	4	1	East Youngstown.....		1
Bayonne.....	2		Hamilton.....		1
Bloomfield.....	1		Kenmore.....	1	
Clifton.....	2		Mansfield.....		1
East Orange.....	2		Middletown.....		2
Elizabeth.....		4	Piqua.....	1	
Garfield.....	1		Springfield.....		1
Hackensack.....		2	Toledo.....		2
Harrison.....	1		Zanesville.....		8
Hoboken.....		3	Oklahoma:		
Jersey City.....	1		Oklahoma.....		3
Kearny.....	4	1	Oregon:		
Montclair.....	2		Portland.....		2
Morristown.....		1	Pennsylvania:		
Newark.....	71	8	Philadelphia.....	80	52
Orange.....	4	2	Rhode Island:		
Passaic.....		3	Pawtucket.....		2
Paterson.....	6		Providence.....		2
Perth Amboy.....		1	South Carolina:		
Phillipsburg.....		2	Charleston.....		2
Plainfield.....	3	2	Greenville.....		1
Summit.....	1		Tennessee:		
Trenton.....	21	4	Memphis.....		8
West New York.....		1	Nashville.....		1
West Orange.....		1	Texas:		
New Mexico:			Beaumont.....		2
Albuquerque.....	1		Dallas.....		1
New York:			El Paso.....		3
Albany.....	10		Fort Worth.....		2
Auburn.....		1	Utah:		
Buffalo.....	14	3	Salt Lake City.....		10
Elmira.....	1		Vermont:		
Geneva.....		1	Rutland.....		1
Glens Falls.....	1		Virginia:		
Hudson.....	1		Norfolk.....		4
Lackawanna.....	2	1	Petersburg.....		1
Lockport.....		2	Portsmouth.....		2
New York.....	261	140	Richmond.....		6
Niagara Falls.....	8	4	Roanoke.....	1	
Peekskill.....	1		West Virginia:		
Port Chester.....		1	Charleston.....		2
Poughkeepsie.....	3	1	Clarksburg.....		2
Rochester.....	8	7	Huntington.....		2
Rome.....	3		Wheeling.....		2
Schenectady.....	2		Wisconsin:		
Syracuse.....	9	6	Janesville.....		2
Troy.....	4	2	Kenosha.....	1	
Watertown.....		1	La Crosse.....	2	
White Plains.....		1	Madison.....	1	
Yonkers.....	6	2	Milwaukee.....	2	
North Carolina:			Racine.....		1
Rocky Mount.....		1	Superior.....		3
Salisbury.....		1	West Allis.....	1	
Wilmington.....		3			
Winston-Salem.....		2			

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

POLIOMYELITIS (INFANTILE PARALYSIS).

The column headed "Median for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1921, inclusive. In instances in which data for the full seven years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Nov. 18, 1922.		City.	Median for previous years.	Week ended Nov. 18, 1922.	
		Cases.	Deaths.			Cases.	Deaths.
Alabama:				New Jersey:			
Birmingham.....	0	1	.....	Newark.....	0	2	.....
Kansas:				New York:			
Hutchinson.....	0	1	.....	New York.....	3	3	.....
Massachusetts:				North Tona-			
Boston.....	0	2	.....	wanda.....	0	1	1
Lynn.....	0	1	.....			

RABIES IN ANIMALS.

City.	Cases.	City.	Cases.
California:		Missouri:	
Los Angeles.....	7	Kansas City.....	3
Massachusetts:		Tennessee:	
Medford.....	1	Memphis.....	1

SCARLET FEVER.

See p. 3058; also Current State summaries, p. 3048; and Monthly summaries by States, p. 3052.

SMALLPOX.

The column headed "Median for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1921, inclusive. In instances in which data for the full seven years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Nov. 18, 1922.		City.	Median for previous years.	Week ended Nov. 18, 1922.	
		Cases.	Deaths.			Cases.	Deaths.
Arkansas:				Minnesota:			
North Little				Duluth.....	0	9	.....
Rock.....	0	1	.....	Minneapolis.....	4	4	.....
California:				St. Cloud.....	0	1	.....
Oakland.....	0	2	.....	St. Paul.....	10	1	.....
Pasadena.....	0		1	Montana:			
Sacramento.....	0	1	.....	Great Falls.....	1	2	.....
Colorado:				Nebraska:			
Denver.....	9	72	22	Omaha.....	7	1	.....
Connecticut:				Oregon:			
Bridgeport.....	0	2	.....	Portland.....	4	4	.....
Illinois:				Utah:			
Freeport.....	0	5	.....	Salt Lake City.....	5	2	.....
Indiana:				Washington:			
Fort Wayne.....	2	3	.....	Bellingham.....	0	3	.....
Gary.....	2	1	.....	Spokane.....	8	6	.....
Indianapolis.....	1	1	.....	West Virginia:			
Kokomo.....	0	1	.....	Moundsville.....	0	1	.....
Iowa:				Wisconsin:			
Cedar Rapids.....	0	1	.....	Ashland.....	0	3	.....
Kansas:				Superior.....	1	22	.....
Fort Scott.....	0	1	.....			
Wichita.....	0	2	.....			

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

TETANUS.

City.	Cases.	Deaths.
California:		
Los Angeles.....	1	1
Oakland.....	1	.....
Illinois:		
Chicago.....	1	.....

TUBERCULOSIS.

See p. 3058; also Current State summaries, p. 3048.

TYPHOID FEVER.

The column headed "Median for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1921, inclusive. In instances in which data for the full seven years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Nov. 18, 1922.		City.	Median for previous years.	Week ended Nov. 18, 1922.	
		Cases.	Deaths.			Cases.	Deaths.
Alabama:				Michigan:			
Birmingham.....	1	1	.....	Ann Arbor.....	0	1	.....
Arkansas:				Battle Creek.....	0	1	.....
Little Rock.....	0	1	.....	Detroit.....	5	.....	1
California:				Flint.....	1	2	.....
Los Angeles.....	2	3	.....	Grand Rapids.....	0	1	.....
Oakland.....	1	1	.....	Kalamazoo.....	0	1	.....
Sacramento.....	0	3	.....	Pontiac.....	0	1	1
San Bernardino.....	0	1	.....	Minnesota:			
San Francisco.....	0	3	.....	Faribault.....	.....	1	.....
Colorado:				Missouri:			
Denver.....	1	2	.....	St. Louis.....	4	4	.....
Connecticut:				New Jersey:			
Bridgeport.....	1	1	.....	Atlantic City.....	1	1	1
District of Columbia:				Hoboken.....	0	1	.....
Washington.....	3	5	1	Newark.....	0	7	1
Georgia:				New Mexico:			
Macon.....	0	.....	1	Albuquerque.....	0	2	.....
Savannah.....	1	1	.....	New York:			
Illinois:				Buffalo.....	2	.....	2
Alton.....	0	2	.....	Lackawanna.....	0	1	.....
Centralia.....	0	1	.....	Lockport.....	0	.....	1
Chicago.....	12	3	.....	New York.....	25	24	4
Jacksonville.....	0	1	.....	Olean.....	0	1	.....
Oak Park.....	0	2	.....	Poughkeepsie.....	0	1	1
Indiana:				Rome.....	0	.....	1
Hammond.....	0	1	.....	Syracuse.....	0	1	.....
Indianapolis.....	1	1	.....	Troy.....	0	3	.....
La Fayette.....	0	1	1	Watertown.....	0	1	.....
Logansport.....	0	1	.....	North Carolina:			
Kansas:				Wilmington.....	0	3	1
Kansas City.....	1	1	.....	Ohio:			
Topeka.....	1	1	.....	Ashtabula.....	0	.....	1
Wichita.....	0	1	.....	Barberton.....	0	1	.....
Kentucky:				Cincinnati.....	1	1	1
Louisville.....	1	2	.....	Cleveland.....	4	5	.....
Louisiana:				Hamilton.....	0	.....	1
New Orleans.....	5	1	1	Lorain.....	0	1	.....
Maine:				Piqua.....	0	2	.....
Bangor.....	0	1	.....	Springfield.....	0	3	.....
Lewiston.....	1	1	.....	Toledo.....	1	6	.....
Portland.....	0	1	.....	Oregon:			
Maryland:				Portland.....	1	5	1
Baltimore.....	5	3	2	Pennsylvania:			
Massachusetts:				Allentown.....	1	2	.....
Boston.....	3	4	.....	Carlisle.....	0	1	.....
Brookline.....	0	1	.....	Easton.....	0	1	.....
Cambridge.....	1	1	.....	Erie.....	0	1	.....
Lawrence.....	0	1	.....	Harrisburg.....	0	1	.....
Lowell.....	0	1	.....	Lebanon.....	0	1	.....
Medford.....	0	1	.....	Philadelphia.....	8	6	7
Springfield.....	0	1	.....	Sunbury.....	0	1	.....
				Uniontown.....	0	1	.....

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

TYPHOID FEVER—Continued.

City.	Median for previous years.	Week ended Nov. 18, 1922.		City.	Median for previous years.	Week ended Nov. 18, 1922.	
		Cases.	Deaths.			Cases.	Deaths.
South Carolina:				Washington:			
Greenville.....			1	Seattle.....	2	2	.....
Tennessee:				West Virginia:			
Memphis.....	1	4	1	Bluefield.....	0	3	.....
Texas:				Charleston.....	0	1	.....
El Paso.....	1	4	.....	Fairmont.....	0	1	.....
Fort Worth.....	1	1	1	Huntington.....	0	3	.....
Galveston.....	0	1	.....	Wisconsin:			
Virginia:				Ashland.....	0	1	.....
Alexandria.....	1	1	.....	Kenosha.....	0	.....	1
Petersburg.....	0	1	.....	Marinette.....	0	1	.....
Roanoke.....	0	1	.....			

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

City.	Population Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Alabama:										
Birmingham.....	178,806	37	6	.....	.....	5	.....	3	4	.....
Mobile.....	60,777	27	1	1	.....	1	.....	.....	5	.....
Tuscaloosa.....	11,996	.....	2	.....	.....	.....	.....	.....	.....	.....
Arkansas:										
Hot Springs.....	11,695	3	.....	.....	.....	.....	.....	.....	.....	.....
Little Rock.....	65,142	.....	5	.....	.....	3	.....	8	.....	.....
North Little Rock.....	14,048	.....	.....	.....	.....	1	.....	.....	.....	.....
California:										
Alameda.....	28,806	11	1	.....	.....	.....	.....	.....	.....	.....
Bakersfield.....	18,638	7	2	.....	.....	1	.....	.....	1	.....
Eureka.....	12,923	3	3	.....	.....	3	.....	.....	.....	.....
Glendale.....	13,536	6	.....	1	.....	.....	.....	.....	2	.....
Long Beach.....	55,593	17	.....	.....	.....	2	.....	.....	.....	.....
Los Angeles.....	576,673	186	57	4	.....	27	.....	53	14	.....
Oakland.....	216,261	52	23	2	.....	8	.....	3	3	.....
Pasadena.....	45,354	21	.....	.....	.....	.....	.....	.....	1	.....
Richmond.....	16,843	2	1	1	.....	.....	.....	2	1	.....
Riverside.....	19,341	5	3	.....	.....	.....	.....	.....	.....	.....
Sacramento.....	65,908	18	6	.....	1	13	.....	2	.....	.....
San Bernardino.....	18,721	14	5	.....	.....	.....	1	.....	4	.....
San Diego.....	74,683	24	11	.....	.....	12	.....	10	3	.....
San Francisco.....	506,676	144	17	4	2	10	.....	21	11	.....
Santa Ana.....	15,485	6	4	.....	.....	3	.....	.....	1	.....
Santa Barbara.....	19,441	6	.....	.....	.....	.....	.....	.....	1	.....
Santa Cruz.....	10,917	4	.....	.....	.....	.....	.....	.....	.....	.....
Stockton.....	40,296	10	3	.....	.....	.....	.....	.....	.....	.....
Vallejo.....	21,107	7	.....	.....	.....	.....	.....	.....	.....	.....
Venice.....	10,385	1	.....	.....	.....	1	.....	.....	.....	.....
Colorado:										
Denver.....	256,491	92	42	.....	2	15	.....	.....	8	.....
Pueblo.....	43,050	13	7	1	1	.....	.....	.....	2	.....
Connecticut:										
Bridgeport.....	143,555	33	17	1	0	10	.....	7	1	.....
Bristol.....	20,820	5	1	1	16	1	.....	1	.....	.....
Derby.....	11,238	2	.....	.....	.....	.....	.....	.....	.....	.....
Fairfield (town).....	11,475	2	.....	.....	9	.....	.....	.....	.....	.....

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City.	Population Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Connecticut—Continued.										
Hartford.....	138,036	29	7	3	46		4		1	2
Meriden (city).....	29,967		1							
Milford (town).....	10,193	1								
New Haven.....	162,537	35	6		32			6	1	
New London.....	25,688		2				1			
Norwich (city).....	22,304	8						1	1	
Stonington (town).....	10,236	3	1				17			
Waterbury.....	91,715	18	3					2	1	
Willimantic (city).....	12,330	3								
Delaware:										
Wilmington.....	110,168	32							1	1
District of Columbia:										
Washington.....	437,571	128	27	3			15		25	12
Florida:										
St. Petersburg.....	14,237	6	6							
Tampa.....	51,608	16	7							2
Georgia:										
Atlanta.....	200,616	69	17	1			7		1	2
Brunswick.....	14,413	7	1						1	1
Macon.....	52,995		5							1
Rome.....	13,252						1			
Savannah.....	83,252	29	7							2
Valdosta.....	10,783	0	2						1	
Idaho:										
Boise.....	21,393	1								
Pocatello.....	15,001	7								
Illinois:										
Alton.....	24,682	5	7				3			
Aurora.....	36,397	14	16	2	1		3			
Bloomington.....	28,725	12	2	1			12		1	1
Centralia.....	12,491	2								
Chicago.....	2,701,705	544	267	10	105	3	9.9	1	186	39
Chicago Heights.....	19,653	4					2			
Cicero.....	44,995	4	2		1		4			
East St. Louis.....	66,767	17	3	1	1				1	
Elgin.....	27,454	9	2		3		2			
Evanston.....	37,234	11			1		4		3	
Forest Park.....	10,768						1			
Freeport.....	19,669	6	5				3			1
Galesburg.....	23,834	3								
Jacksonville.....	15,713	10					4			2
Kewanee.....	16,026	3					1			
La Salle.....	13,050	3	1		1		1			
Mattoon.....	13,552	3	1							
Oak Park.....	39,858	12	2				2		1	
Pekin.....	12,066	1	2							
Peoria.....	76,121	25			1		15			1
Quincy.....	35,978	13								
Rockford.....	65,651	12	1				4		7	1
Springfield.....	59,183	18	3				2			1
Indiana:										
Anderson.....	29,767	5	4				2			
Bloomington.....	11,595	3								
Clinton.....	10,962	5	2							
Crawfordsville.....	10,139	2	1							
East Chicago.....	35,967	8	1				1			
Fort Wayne.....	86,549	22	6	2			3			
Frankfort.....	11,585	2	5							
Gary.....	55,378	12	2				7			
Hammond.....	36,004	8	2				2		1	
Huntington.....	14,000	1								
Indianapolis.....	314,194	85	91	2			11		4	6
Kokomo.....	30,067	4	6				2			
La Fayette.....	22,486	11	4				2			
Loransport.....	21,626	8								
Mishawaka.....	15,195	5	3				6			
Muncie.....	36,524	4	6							
South Bend.....	70,983	12	4	1	29		12	1	2	
Terre Haute.....	66,083	18	10				3			
Iowa:										
Burlington.....	24,057	4	12							
Cedar Rapids.....	45,566		1				6			
Clinton.....	24,151		11							

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City.	Popula- tion Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Iowa—Continued.										
Council Bluffs.....	36,162	9	3	1			2			
Davenport.....	56,727		21							
Des Moines.....	126,468		20				23			
Dubuque.....	39,141		2		1		1			
Iowa City.....	11,267				1		1			
Marshalltown.....	15,731		1				2			
Mason City.....	20,065	4	16				1			
Muscatine.....	16,068	6	2						1	1
Ottumwa.....	23,003	6	5				2			
Sioux City.....	71,227		3				5			
Waterloo.....	36,230		1		1		8			
Kansas:										
Atchison.....	12,630		1				1			
Coffeyville.....	13,452	4					1			
Fort Scott.....	10,693	5	6				3			
Hutchinson.....	23,288						7			
Kansas City.....	101,177		8		2		10		6	
Lawrence.....	12,456	2					2			
Leavenworth.....	16,912						2			
Parsons.....	16,023	4	2							
Salina.....	15,083	5							1	
Topeka.....	50,022	16	12				4		4	
Wichita.....	72,217	25	14	1			15			1
Kentucky:										
Covington.....	57,121	18	7				1			2
Louisville.....	234,891	90	13				1		12	5
Owensboro.....	17,424		4				2			
Paducah.....	24,735		1		10					
Louisiana:										
New Orleans.....	387,219	139	21	3			9		18	9
Maine:										
Auburn.....	16,985	1					4			1
Bangor.....	25,978		1				1		4	
Bath.....	14,731	3								
Biddeford.....	18,008	4			6				1	
Lewiston.....	31,791	10	1		13				2	
Portland.....	69,272	14	6		1		1			
Sanford (town).....	10,691	2								
Waterville.....	13,351		1							
Maryland:										
Baltimore.....	733,826	176	44		58		21		30	17
Cumberland.....	29,867	10					1			
Frederick.....	11,066	0					1			
Massachusetts:										
Adams (town).....	12,967	3	3	1						
Amesbury (town).....	10,036	3								
Arlington (town).....	18,665	4	1						1	
Attleboro.....	19,731	3			9					
Belmont (town).....	10,749	3								1
Beverly.....	22,561	3					1			
Boston.....	748,060	221	70	3	63	1	35		55	12
Braintree (town).....	10,580	6	1		8		1		1	1
Brookline.....	37,748	12	11				1		2	3
Cambridge.....	109,694	25	6		4		7		5	4
Chelsea.....	43,194	11	5		13		1		4	1
Chicopee.....	36,214	4								1
Dintons.....	12,979	6								
Danvers.....	11,108	1	1				1			
Dedham.....	10,792									
Easthampton.....	11,261	6	3	1					4	1
Everett.....	40,120	7	2		22		1		1	
Fall River.....	120,485	43	12	3	81	3	4		2	3
Fitchburg.....	41,029	18		1						1
Framingham.....	17,033	4								
Gardner.....	16,971	4							1	
Greenfield.....	15,462	3	3	1						
Haverhill.....	53,884	12	2		2		5			
Holyoke.....	60,203	15	9	3						1
Lawrence.....	94,270	20	1		1				2	2
Leominster.....	19,744	2	1						2	1
Lowell.....	112,759	24	7				6		3	
Lynn.....	99,148	20	6		15		8		4	3
Malden.....	49,103	16	7	1			4		2	1

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City.	Population Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.		
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Massachusetts—Continued.											
Medford.....	39,038	6	1		1			4		3	1
Melrose.....	18,204	5						4			
Methuen.....	15,189	3									
New Bedford.....	121,217	27	10		4		5		8	3	
Newburyport.....	15,618	2			1		3				
Newton.....	46,054	6			1		3		1		
North Adams.....	22,282	5					1				
Northampton.....	21,951	8					4				
Peabody.....	19,552	3	15				1		2	1	
Pittsfield.....	41,763	9	2				3		3	2	
Plymouth.....	13,045	4									
Quincy.....	47,876	16					3		4		
Salem.....	42,529	14	2				1		2		
Somerville.....	93,091	22	6	1	5		5				
Southbridge.....	14,245	1							1		
Springfield.....	129,614	25	15	2	2		3		8	2	
Taunton.....	37,137	11	4		1					1	
Wakefield.....	13,025		3				3		1		
Watertown.....	21,457	2	6				2		1		
Webster.....	13,258										
Westfield.....	18,604	6	1	1							
Winchester.....	10,485	3									
Winthrop.....	15,455	2	1								
Woburn.....	16,574	0									
Worcester.....	179,754	49	25				15		1	6	
Michigan:											
Alpena.....	11,101						1				
Ann Arbor.....	19,516	23	5				1				
Battle Creek.....	36,164		10	2			1				
Benton Harbor.....	12,233	4	5				5				
Detroit.....	993,678	201	83	5	11		54		54	17	
Flint.....	91,599	25	21	3	2		33			1	
Grand Rapids.....	137,634	24	20		1		11		2		
Hamtramck.....	48,645	10									
Highland Park.....	46,499	7	3	1			3				
Holland.....	12,133	0	1				1				
Kalamazoo.....	48,487	14	11				4		1	1	
Marquette.....	12,718	1					1		1		
Muskegon.....	36,570	7	10				2			1	
Pontiac.....	34,273	7	7		1		1				
Port Huron.....	25,944	10					2				
Sault Ste. Marie.....	12,096	1	1								
Minnesota:											
Duluth.....	98,917	12	8				4				
Faribault.....	11,069	2					7			1	
Hibbing.....	15,039	1					7				
Mankato.....	12,469						1				
Minneapolis.....	380,582	76	42				42		12	5	
Rochester.....	13,722	14	1	1							
St. Cloud.....	15,873		1				2				
St. Paul.....	234,698	68	20	1	1		60	2	16	3	
Virginia.....	14,022		1				5				
Winona.....	19,143		2				1				
Missouri:											
Independence.....	11,686	4								1	
Joplin.....	29,902						1				
Kansas City.....	324,410	92	18	4	2		7		5	6	
St. Joseph.....	77,939	24	8				5			2	
St. Louis.....	772,897	190	53	1	6		38		37	12	
Springfield.....	39,631	12		1							
Montana:											
Anaconda.....	11,668	2									
Billings.....	15,100	8	1				5				
Great Falls.....	24,121	5	3								
Missoula.....	12,668	3									
Nebraska:											
Lincoln.....	54,948	12	8				1		1		
Omaha.....	191,601	47	17	1			8			5	
Nevada:											
Reno.....	12,016	6								2	
New Hampshire:											
Dover.....	13,029	5								1	
Keene.....	11,210	4	3				2				

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City.	Popula- tion Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
New Jersey:										
Asbury Park.....	12,400	3								
Atlantic City.....	50,707	9	1		24		1		1	
Bayonne.....	76,754		3		1		2		2	
Belleville.....	15,660		1							
Bloomfield.....	22,019	2					5			
Clifton.....	26,470	3	1		1					
East Orange.....	50,710				6		2			1
Elizabeth.....	95,733		23		31		11		3	2
Garfield.....	19,381	3	3		1					
Hackensack.....	17,667	6								
Harrison.....	15,721		4				2		1	
Hoboken.....	68,166	14	1				1		2	2
Jersey City.....	298,103		27		1		7		10	
Kearny.....	26,724	12	3						1	
Montclair.....	28,810	5	6				10			1
Morristown.....	12,548	10			11		6		1	1
Newark.....	414,524	90	16	2	70		7		28	5
Orange.....	33,268	10	2		9		3			
Passaic.....	63,841	18	5		14		1		4	4
Paterson.....	135,875		10				2		3	4
Perth Amboy.....	41,707	9	9						4	
Phillipsburg.....	16,923	6								
Plainfield.....	27,700	5							2	
Summit.....	10,174	3					1		1	
Trenton.....	119,289	28	45	1	1		4		5	3
Union (town).....	20,651		4				4		1	
West Hoboken.....	40,074	5	2				1			
West New York.....	29,926	3	1						1	
West Orange.....	15,573	2	2		25		6		1	
New Mexico:										
Albuquerque.....	15,157	5	2							4
New York:										
Albany.....	113,344		2		1		3		3	1
Auburn.....	36,192	9	3							
Buffalo.....	506,775	145	27		21		38			10
Elmira.....	45,393				1		1			
Geneva.....	14,648	7								
Glens Falls.....	16,638	5								
Hornell.....	15,025	1								1
Hudson.....	11,745	9	2							
Ithaca.....	17,004	12	2				5		1	1
Lockawanna.....	17,918	5	1				4		3	
Little Falls.....	13,029	3								
Lockport.....	21,308	3								1
Middletown.....	18,420	9					1		1	
New York.....	5,620,048	1,206	201	6	46		99	2	1213	188
Newburgh.....	30,366	9							1	1
Niagara Falls.....	50,760	12	5				6			
North Tonawanda.....	15,482	5	1				9			
Olean.....	20,506	4	2				2		1	
Peekskill.....	15,868	3	2				7		1	
Port Chester.....	16,573	1								
Poughkeepsie.....	35,000	15	1						3	
Rochester.....	295,750	69	15		40	1	3		9	3
Rome.....	26,341	13	1				3		2	2
Schenectady.....	88,723	16	15				22		2	2
Syracuse.....	171,717	44	22	1	2		9		3	1
Troy.....	72,013	18	9				2		4	2
Watertown.....	31,285	5					5		5	
White Plains.....	21,081	8	8				3		1	
Yonkers.....	100,176	20	7	2	3		1			1
North Carolina:										
Charlotte.....	46,338						7		2	
Durham.....	21,719	1	6						5	
Raleigh.....	24,418	13	2				3			
Rocky Mount.....	12,742	9								
Salisbury.....	13,884	5								
Wilmington.....	33,372	15	1		1		1			1
Winston-Salem.....	48,395	24	2				5		3	2
North Dakota:										
Fargo.....	21,961						2			
Grand Forks.....	14,010						1			

¹ Pulmonary tuberculosis only.

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City.	Population Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Ohio:										
Akron.....	208,435	24	11		1		10		8	
Ashtabula.....	22,082	7	1							
Barberton.....	18,811	1		2			2		6	
Bucyrus.....	10,425	1								
Cambridge.....	13,104	3					1			
Canton.....	87,091	7	11	1	3					1
Chillicothe.....	15,831	1					1			
Cincinnati.....	401,247	104	36	6			10		10	16
Cleveland.....	796,541	170	64	5	7		101		41	15
Cleveland Heights.....	15,236				1		6		1	
Columbus.....	237,031	60	26		10		10		7	4
Coshocton.....	10,847		1				4			
Dayton.....	162,559	32	22		1		14		1	
East Cleveland.....	27,292	2					1		1	
Findlay.....	17,021	3			1					
Fremont.....	12,468	3								
Hamilton.....	39,075	11					3			
Kenmore.....	12,683						3			
Lancaster.....	14,706	4	1							
Lorain.....	37,295		9				2			
Mansfield.....	27,824	3	5				1		1	
Martins Ferry.....	11,634	3								
Middletown.....	23,594	8	1							
New Philadelphia.....	10,718		1				5			
Newark.....	20,718	8	1				1			1
Niles.....	13,080	0	1				1			
Piqua.....	15,044	6								
Salem.....	10,305	3	3							
Sandusky.....	22,897	2	1		1		3			1
Springfield.....	60,840	10	6		1					1
Stuebenville.....	28,508	5								
Toledo.....	243,164	71	40	4	124	4	16		4	3
Zanesville.....	29,569	13	3		51		1			1
Oklahoma:										
Oklahoma.....	91,295	24	7				3		1	1
Tulsa.....	72,075	1	6	1			8			
Oregon:										
Portland.....	258,288	55	12		2		9		3	3
Pennsylvania:										
Allentown.....	73,502		17		11		1		15	
Altoona.....	60,331		3		1		1			
Ambridge.....	12,730		6		6		6			
Beaver Falls.....	12,802		1		2		2			
Berwick.....	12,181						5			
Bethlehem.....	50,358		10		2					
Bradock.....	20,879				27					
Bristol.....	10,273		4				1			
Butler.....	23,778		7							
Canonsburg.....	10,632		2		1					
Carbondale.....	18,640		3				1			
Carnegie.....	11,516				1					
Carrick.....	10,504		1		33					
Chambersburg.....	13,171		1				5			
Charleroi.....	11,516				2		1			
Chester.....	58,030		1		7		1			
Coatsville.....	14,515				59					
Columbia.....	10,836		1				1			
Donora.....	14,131		1				1			
Dubois.....	13,681		4				2			
Duquesne.....	19,011		2		1					
Easton.....	33,813		2							
Erie.....	93,372		6				8		4	
Farrell.....	15,586		1				8			
Greensburg.....	15,033		1				1			
Harrisburg.....	75,917		8		1		14			
Hazleton.....	32,277		2							
Homestead.....	20,452				3				4	
Jeannette.....	10,627								1	
Johnstown.....	67,327		7		1		5			
Lancaster.....	53,150		1				15		3	
Lebanon.....	24,643						1		1	
McKees Rocks.....	16,713		11				2			

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City.	Popula- tion Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Pennsylvania—Continued.										
McKeesport.....	46,781		1							
Mahanoy City.....	15,599		1							
Monessen.....	18,179		8							
Nanticoke.....	22,614		2							
New Castle.....	44,938		2		1		8			
New Kensington.....	11,987						1			
Norristown.....	32,319		2		57		4		1	
North Braddock.....	14,928		4		14		1		1	
Oil City.....	21,274						5			
Philadelphia.....	1,823,779	518	82	8	1,819	14	28		64	30
Phoenixville.....	10,494				1		1			
Pittsburgh.....	588,343		46		118		66		13	
Pittston.....	18,497						1			
Plymouth.....	16,500		1							
Pottstown.....	17,431				1				1	
Pottsville.....	21,376		1							
Punxsutawney.....	10,311				1					
Reading.....	107,784		5		42		1		2	
Scranton.....	137,783		6		1				5	
Shamokin.....	21,204		1							
Sharon.....	21,747		1		1					
Shenandoah.....	24,726		2				1			
Steelton.....	13,428		2		16		2			
Sunbury.....	15,721		1		2		1			
Swissvale.....	10,908				1		2			
Uniontown.....	15,692		7		1		1			
Warren.....	14,272		1		1		1			
Washington.....	21,480		3				4		2	
West Chester.....	11,717				1					
Wilkes-Barre.....	73,833				1		4		1	
Wilkinsburg.....	24,403		2				4			
Woodlawn.....	12,495		1		15					
York.....	47,512		2		2		5			
Rhode Island:										
Cranston.....	29,407	4	1		5					
East Providence (town).....	21,793		1		3					
Pawtucket.....	64,248	15					3			
Providence.....	237,595	50	17	1	7		5			4
South Carolina:										
Charleston.....	67,957	16	5							2
Columbia.....	37,524						1		1	
Greenville.....	23,127	6	3				1			
South Dakota:										
Sioux Falls.....	25,202	3	9				1			
Tennessee:										
Chattanooga.....	57,895						4			
Knoxville.....	77,818		1				5		2	2
Memphis.....	162,361	61	14				7		8	6
Nashville.....	118,342	25	9				1			3
Texas:										
Beaumont.....	40,422	13								1
Corpus Christi.....	10,522	4								
Dallas.....	153,976	20	17	1			4		1	
El Paso.....	77,580	29	4	1			1		4	7
Fort Worth.....	106,482	21	6							
Galveston.....	44,255	12	9							
Houston.....	138,276	31	7							2
Waco.....	38,500	11	9							3
Utah:										
Salt Lake City.....	118,110	48	1						1	1
Vermont:										
Rutland.....	14,954	5								
Virginia:										
Alexandria.....	18,060	3	2							
Charlottesville.....	10,688		3							
Lynchburg.....	30,070	8	6	1					2	
Norfolk.....	115,777		8						4	1
Petersburg.....	31,012	15	2				2		4	2
Portsmouth.....	54,387	13	4	1						
Richmond.....	171,667	57	20		2		19		9	2
Roanoke.....	50,842	14	14		1		2			2

CITY REPORTS FOR WEEK ENDED NOVEMBER 18, 1922—Continued.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Continued.

City.	Population Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Washington:										
Aberdeen.....	15,337		1							
Bellingham.....	25,585					2				
Everett.....	27,614		1							
Seattle.....	315,312		6			3				
Spokane.....	104,437		4			4				
Tacoma.....	96,965		3			8				
Walla Walla.....	15,303					2				
West Virginia:										
Bluefield.....	15,282	4	2			1				
Charleston.....	39,608	17	6			4				3
Clarksburg.....	27,899	4	3							
Fairmont.....	17,851		7			1				
Huntington.....	50,177	18	7							4
Martinsburg.....	12,515		1			1				
Morgantown.....	12,127		2			1				
Moundsville.....	10,669	4	4			2				
Parkersburg.....	20,050	4	4			5				
Wheeling.....	56,208	16	5		11	8				1
Wisconsin:										
Appleton.....	19,561		3			1				
Ashland.....	11,334		1							
Beloit.....	21,284	8	3			9	1		1	
Eau Claire.....	20,906		1							
Fond du Lac.....	23,427	13								1
Green Bay.....	31,017		3			2				
Janesville.....	18,293	7	1			5				1
Kenosha.....	40,472	10	3		1				2	1
La Crosse.....	30,421		1		6	7			1	1
Madison.....	38,378		3		1	2				
Manitowoc.....	17,563								1	
Marinette.....	13,610					4			1	
Milwaukee.....	457,147		20		556	43			14	
Oshkosh.....	33,162	10				3				
Racine.....	58,593	13	7		5	2				
Sheboygan.....	30,955		6			3			42	
Stevens Point.....	11,371		5						1	
Superior.....	39,671	12				1				
Waukesha.....	12,558								1	
Wausau.....	18,661		4							
West Allis.....	13,745		1		67	3			1	
Wyoming:										
Cheyenne.....	13,829	7	1	1						

FOREIGN AND INSULAR.

CANADA.

Smallpox—Winnipeg.

An outbreak of smallpox has been reported at Winnipeg, Manitoba, Canada, with 24 cases notified from November 5 to 18, of which 18 occurred during the week ended November 18, 1922. The prevalence was stated to be confined chiefly to the central part of the city.

CUBA.

Communicable Diseases—Provinces.

Communicable diseases have been reported in the Provinces of Cuba as follows:

Province.	New cases reported Sept. 21—Oct. 20, 1922. ¹								
	Chicken pox.	Diph- theria.	Infan- tile tet- anus.	Malaria.	Measles.	Para- typhoid fever.	Scarlet fever.	Small- pox.	Typhoid fever.
Camaguey.....	2	2	.....	58	.....	8	.....	.....	33
Habana.....	10	15	.....	80	6	14	10	.....	104
Matanzas.....	3	4	.....	1	1	3	.....	.....	32
Oriente.....	1	5	1	296	.....	.....	.....	2	71
Pinar del Rio.....	.....	2	1	4	.....	3	.....	.....	14
Santa Clara.....	12	2	1	17	.....	21	.....	3	115
Total.....	28	30	3	456	7	49	10	5	309

¹ Reports for period Sept. 1-20, 1922, not received.

GUADELOUPE (WEST INDIES).

"Alastrim"—Suspect Case—Basse Terre.

Under date of November 8, 1922, the occurrence of a case presenting the appearance of "kaffir fever" or "alastrim," was reported at Basse Terre, Guadeloupe, West Indies. The case occurred in a person arrived by sloop from Dominica, West Indies.

JAMAICA.

"Alastrim."

During the period October 22—November 11, 1922, 82 cases of "alastrim" were reported in the island of Jamaica.

Typhoid Fever—Kingston and Vicinity.

During the same period, 7 cases of typhoid fever were reported in Kingston and 129 cases in the surrounding country.

JAVA.**Plague—September, 1922.**

During the month of September, 1922, there were 199 reported cases of plague, with 248 notified deaths, occurring in the seven provinces of the island of Java. Of these, 49 cases, with 61 deaths, occurred in the city of Samarang (population, 96,000).

MEXICO.**Plague—Infected Rodent—Tampico.**

During the week ended November 25, 1922, the finding of one plague-infected rodent was reported at Tampico, Mexico, making a total of 20 plague-infected rodents found at Tampico since January 1, 1922.

PORTUGAL.**Plague Mortality—Summary—August 1–October 23, 1922.**

During the period August 1–October 23, 1922, 10 deaths from plague were reported at Lisbon, Portugal. The distribution according to months was as follows: August, 2 deaths; September, 3 deaths; October, 5 deaths.

The fatalities were stated to have occurred in the Alfama ward of the city, in which plague was present in epidemic form in the year 1920.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.**Reports Received During Week Ended December 8, 1922.¹**

The reports contained in the following tables must not be considered as complete or final, either as regards the list of countries included or the figures for the particular countries for which reports are given.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Calcutta.....	Oct. 15-21.....	7	5	
Madras.....	do.....	2		
Siam:				
Bangkok.....	Oct. 1-7.....	1	1	

¹ From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received During Week Ended December 8, 1922—Continued.

PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
Azores:				
St. Michael				Oct. 15–Nov. 11, 1922: Cases, 68; deaths, 15. Occurring at localities, 3–9 miles from port of Ponta Delgada.
Ponta Delgada	Nov. 5–11	1	1	
British East Africa:				
Kenya Colony—				July–August, 1922: Cases, 188; deaths, 186.
Kisumu	Sept. 8–14	1	1	
Tanganyika Territory	Sept. 17–30	2	1	
Uganda				
Ceylon:				
Colombo	Oct. 8–14	2		
China:				
Hongkong	Oct. 1–14	3	1	
India:				
Bombay	Sept. 17–Oct. 7	24	19	Sept. 3–16, 1922: Cases, 2,075; deaths, 1,441.
Madras Presidency	Oct. 15–21	205	154	
Rangoon	Oct. 1–14	25	13	
Java:				
Soerabaya—				Sept. 1–30, 1922: Cases, 190; deaths, 243. Occurring in the 7 Provinces.
Samarang	Sept. 1–30	49	61	
Madagascar:				
Tamatave	Sept. 11–17	3	2	
Mexico:				
Tampico	Nov. 19–25			1 plague-infected rat.
Portugal:				
Lisbon				Aug. 1–Oct. 23, 1922: Deaths, 10.
Siam:				
Bangkok	Sept. 23–Oct. 7	2	1	

SMALLPOX.

Arabia:				
Aden	Oct. 22–28	4		
Canada:				
Manitoba—				Oct. 30–Nov. 18, 1922: Cases, 24.
Winnipeg	Nov. 12–18	18		
Ceylon:				
Colombo	Oct. 8–14	1		
China:				
Amoy	Oct. 15–21		1	Present. Do.
Chungking	do			
Foochow	Oct. 8–21			
Tsingtau	Oct. 16–22	3	1	
Dominican Republic:				
San Pedro de Macoris	Nov. 5–11	21		
Santo Domingo	Nov. 7–13	1		
France:				
Paris	Oct. 22–31	1		
Great Britain:				
London	Oct. 29–Nov. 4	35	1	
India:				
Bombay	Sept. 17–Oct. 7	5	2	
Calcutta	Oct. 15–21	1	1	
Madras	do	20	9	
Rangoon	Oct. 1–7	7	1	
Italy:				
Trieste	Nov. 5–11	2		
Java:				
West Java—				Oct. 6–13
Batavia				
Portuguese West Africa:				
Angola—				Aug. 27–Sept. 23
Loanda				
Spain:				
Seville	Oct. 23–Nov. 5		49	
Valencia	Nov. 5–11	1		
Syria:				
Damascus	Oct. 8–14		4	
Switzerland:				
Zurich	Oct. 29–Nov. 4	3		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received During Week Ended December 8, 1922—Continued.

TYPHUS FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Algiers.....	Oct. 1-31.....	1	1	
China:				
Manchuria—				
Harbin.....	Oct. 16-29.....	2	.....
Egypt:				
Alexandria.....	Oct. 29-Nov. 4....	1	.....
Cairo.....	Aug. 27-Sept. 9....	3	1	
Palestine:				
Jaffa.....	Oct. 31-Nov. 6....	1	.....

Reports Received from July 1 to December 1, 1922.¹

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Amoy.....	May 14-June 24...	1	4	
Antung.....	Sept. 21-Oct. 1....	.....	.....	Prevalent in Chinese city and in settlements along Yalu River.
Manchuria—				
Dairen.....	Sept. 18-24.....	3	2	Oct. 9-15, 1922: Present in Chinese city.
Newchwang.....	July 27.....	.....	.....	Present. Stated to have been imported from Shanghai.
Pootung.....	Aug. 3.....	.....	.....	Present.
Shanghai.....	June 25-July 31....	198	.....	Aug. 1-Oct. 8, 1922: Cases, 6, foreign; deaths, 56, Chinese.
Tientsin.....	July 25-Aug. 19....	4	2	July 29, 1922: Stated to be 250 cases in Chinese isolation hospital.
Woosung.....	Aug.....	.....	.....	About 75 deaths reported for previous week.
Greece:				
Athens.....	June 29.....	1	1	
Saloniki.....	June 7-17.....	30	11	At quarantine station: among passengers from vessel carrying Russian refugees.
India:				
Bombay.....	Apr. 23-June 17....	12	5	Feb. 26-June 24, 1922: Deaths, 33,979, June 25-Aug. 5, 1922: Deaths, 9,346, Aug. 6-Sept. 9, 1922: Cases, 9,453; deaths, 5,934. (Report for week ended Feb. 25, 1922, not received.)
Do.....	July 2-Oct. 9.....	6	5	
Calcutta.....	Apr. 23-June 24....	536	378	
Do.....	June 25-Oct. 14....	96	85	
Madras.....	May 21-June 17....	3	1	
Do.....	July 16-Sept. 23....	5	3	
Rangoon.....	May 7-June 24....	116	65	
Do.....	June 25-Sept. 30....	99	64	
Indo-China:				
Saigon.....	June 25-Aug. 19....	30	28	Including area of 100 square km.
Japan:				
Tokyo.....	Oct. 4.....	.....	.....	Epidemic.
Yokohama.....	Oct. 5.....	.....	.....	Present.
Philippine Islands:				
Manila.....	May 21-June 24....	8	.....
Do.....	June 25-Sept. 2....	14	3	1 case, 1 death in nonresident, Aug. 27-Sept. 2, 1922.
Province—				
Bataan.....	June 4-10.....	1	.....
Batangas.....	May 26-June 24....	15	11	
Do.....	June 25-July 22....	7	4	
Bulacan.....	Apr. 30-May 6.....	1	1	
Cagayan.....	Aug. 13-19.....	2	2	
Camarines Sur.....	Mar. 25-Apr. 1....	1	1	
Laguna.....	Apr. 16-22.....	1	.....
Marinduque.....	June 25-July 15....	6	6	
Mindoro.....	Apr. 23-29.....	1	.....
Nueva Ecija.....	June 11-17.....	1	1	
Pampanga.....	Apr. 16-June 24....	6	5	
Do.....	June 25-July 8....	1	1	

¹ From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to December 1, 1922—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands—Contd.				
Pangasinan	June 18-24	3	1	
Do	Aug. 27-Sept. 2	2	2	
Rizal	Apr. 2-June 24	3	1	
Tarlac	May 21-June 10	4	4	
Union	Aug. 6-Sept. 9	3	2	
Poland				
Rovno	June 11-24	8	3	
Do	June 25-Aug. 5	33	10	Repatriation station: Cases occurring among persons repatriated from Russia.
Volhynia	July 2-8	1	1	
Zamosc	Aug. 21	1	1	
Rumania:				
Bucharest	do	1	1	
Crangasi	do	1	1	To July 31, 1922: Cases, 11; deaths, 6. First case in soldier from frontier on Dniester River. Crangasi, a suburb of Bucharest.
Province—				
Bessarabia—				
Cobusea	July 24	1	1	Reported Aug. 11.
Codaeshti		3	3	Prefecture. Cholera reported Aug. 11 among troops in garrison.
Orhei		1	1	Reported July 29.
Rascautzi		11	1	
Siam:				
Bangkok	Apr. 30-June 17	15	9	
Do	July 2-Sept. 16	13	5	
Straits Settlements:				
Singapore	July 16-22	1	1	
Syria:				
Aleppo	May 27-June 3	1	1	A few cases in interior.
Do	June 25-Sept. 2	1	1	Present in interior.
On vessels:				
S. S. Chios	July 16	1	1	At Kavak Quarantine Station: Bosphorus, from Novorossysk, a Russian Black Sea port. Case occurred in a recognized carrier. Vessel carried refugees for Saloniki, Greece. Six bodies buried at sea; 12 cases landed at Kavak during stay.
	Sept. 18-24	2	1	At Dairen, Manchuria, China. Name and origin of vessel not stated.

PLAGUE.

Algeria:				
Algiers	Aug. 27	1	1	
Oran	Aug. 1-31	10	3	
Asia Minor:				
Smyrna	May 28-June 17	3	1	
Do	June 30-Aug 26	8	1	District.
Australia:				
New South Wales—				
Sydney	June 1-15	2	2	Apr. 2-June 10, 1922: 19 plague-infected rats found.
Queensland—				
Brisbane	July 23-29	1	1	One plague rat.
Azores:				
Fayal Island				Jan. 16-Feb. 8, 1922: Cases, 6 deaths, 4.
Horta	Feb. 2-8	4	2	
St. Michaels Island	Sept. 9-Oct. 14	202	26	Jan. 1-May 13, 1922: Cases, 93; deaths, 55. June 25-Oct. 14, 1922: Cases, 287; deaths, 49. In localities 3-9 miles from Ponta Delgada.
Ponta Delgada	Oct. 1-19	6	6	In vicinity, 180 cases.
Brazil:				
Bahia	June 11-17	1	1	
Do	Aug. 20-Sept. 30	2	1	May 7-June 4: Rodent; occurring in one section of the city. Many dead rats found.
Pernambuco	May 7-13	1	1	
Porto Alegre	July 30-Sept. 30	1	5	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to December 1, 1922—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
British East Africa: Kenya Colony— Nairobi.....	Feb. 1-28.....	15	15	Mar. 1-June 30, 1922: Cases, 371; deaths, 344. July 9-15, 1922: Deaths, 14.
Cape Verde Islands: St. Vincent.....	Sept. 4.....			Present.
Ceylon: Colombo.....	May 6-June 24.....	13	10	Plague rats, 5.
Do.....	June 25-Oct. 7.....	31	30	Plague rats, 12.
China: Amoy.....	May 7-June 24.....		87	May 20, 1922: From 10 to 20 deaths reported daily. July
Do.....	June 25-July 15.....		76	16-Aug. 12, 1922: Present;
Canton.....	May 1-June 30.....	28	23	stated to be decreasing.
Do.....	Sept. 1-30.....			Present.
Chungking.....	Sept. 24-30.....			Do.
Foochow.....	May 7-June 10.....	5	4	June 17-24, 1922: Present. June
Do.....	July 2-Aug. 12.....	3	1	21: Mildly epidemic; 2 fatal
Hongkong.....	June 4-24.....	176	104	cases in foreign physicians.
Do.....	June 25-Sept. 30.....	148	102	Aug. 13-Sept. 30, 1922: Present.
Nanking.....	Sept. 24-Oct. 7.....			Sept. 31-Oct. 7, 1922: Plague in
Ecuador: Guayaquil.....	June 1-15.....			rodents.
Do.....	July 1-Oct. 15.....	1	1	Present.
Egypt: City— Alexandria.....	June 1-28.....	21	6	Rats found infected, 16; exam-
Do.....	July 2-Sept. 9.....	18	7	ined, 3,400.
Port Said.....	June 12-25.....	2	5	Rats examined, 25,725; found in-
Do.....	July 2-Oct. 5.....	31	22	fectcd, 61.
Suez.....	May 24-June 25.....	7	6	Jan. 1-June 29, 1922: Cases, 280;
Do.....	July 10-Oct. 18.....	6	3	deaths, 120. Jan. 1-Oct. 19,
Provinces— Assiout.....	May 30-June 23.....	14	8	1922: Cases, 451; deaths, 203.
Do.....	July 11-Aug. 5.....	6	3	(Corrected report.)
Benisouef.....	May 26-June 30.....	19	7	Septicemic, 1.
Do.....	July 2-Sept. 2.....	29	13	Foreign cases, 2; deaths, 2.
Fayoum.....	June 3-29.....	8	4	Aug. 5, 1922: One case imported
Do.....	July 2-20.....	13	3	from Mauritius on S. S. Dum
Garbieh.....	May 26-June 30.....	37	13	bea.
Do.....	July 2.....	3	3	Septicemic, 1.
Menoufieh.....	July 20.....	1	1	
Minieh.....	June 2-29.....	24	7	
Do.....	July 14-Sept. 30.....	19	10	
Sinnuris (district).....	Sept. 3-9.....	1	1	
France: Paris.....	Aug. 11-18.....	4	4	
Greece: Patras.....	Apr. 24-June 25.....	5	3	
Piræus.....	Aug. 1-31.....	3	1	
Hawaii: Hamakua.....	June 30-July 4.....	1	1	At Kalopa Homesteads. Case
Do.....	July 8-Oct. 20.....			Hawaiian.
Honokaa.....	Aug. 19-Sept. 10.....		4	Hamakua Mill Co. One plague
Honokaa Mill.....	Aug. 24.....	1	1	rat trapped; found positive,
Kalopa.....	July 13.....	1	1	July 14, 1922. Oct. 9-14, 1922:
Paahau.....	June 30.....			2 plague rats.
				Japanese and Filipinos; bubonic
				and septicemic. Oct. 5, 1922:
				One case, one death. Reported
				positive Oct. 12. At Honokaa
				Mill, occurring in family of
				fatal case reported Aug. 24,
				1922. Aug. 13-Sept. 13, 1922:
				3 plague rats found.
				Japanese. Pneumonic.
				Contact with case at Kalopa
				Homesteads, July 4.
				One plague rat trapped at
				Paahau Gulch. June 29;
				found positive June 30, 1922.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to December 1, 1922—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Hawaii—Continued.				
Paaulo.....	July 7.....		1	At Pohakea; Japanese. Sept. 25, 1922: One plague rat found at Hamakua Mill.
Pohakea.....	Aug. 1-16.....	2	2	Aug. 1, 1922, Japanese child; case reported positive for plague Aug. 6, 1922. Form, pneumonic. Aug. 16, 1 fatal case in Japanese.
Pohakuhaku.....	July 12.....	1	1	Hawaiian. Reported positive, July 19.
India.....				
				Apr. 23-June 24, 1922: Cases, 6,310; deaths, 4,812. June 25-Sept. 9, 1922: Cases, 7,254; deaths, 5,120.
Bombay.....	Apr. 23-June 24.....	168	123	Surrounding country, July 2-8, 1922: Cases, 21; deaths, 16.
Do.....	June 25-Sept. 16.....	60	45	
Calcutta.....	Apr. 23-June 24.....	56	54	
Do.....	June 25-Sept. 23.....	17	16	
Karachi.....	May 23-June 24.....	59	55	
Do.....	June 25-Sept. 30.....	6	5	
Madras Presidency.....	May 21-June 24.....	74	36	
Do.....	June 25-Oct. 14.....	2,112	1,400	
Rangoon.....	May 6-June 24.....	175	161	
Do.....	June 25-Sept. 30.....	446	407	
Indo-China:				
Saigon.....	Apr. 23-June 24.....	30	21	
Do.....	June 25-Aug. 19.....	10	7	Including area of 100 square kilometers.
Italy:				
Catania.....	June 17.....	1		
Naples.....	July 18-Sept. 28.....	19		Occurring in suburbs, viz, at Torre Annunziata, July 18-Sept. 28, 1922, 18 cases; San Giovanni a Teduccio, July 25, 1922, 1 case.
Japan:				
Osaka.....	July 11-20.....	7	6	Reported as having occurred during past month: Cases, 9, deaths, 8.
Java.....				
				Month of April, 1922: Report of the 7 Provinces of Java: Cases, 413; deaths, 495. May 1-31, 1922: Cases, 293; deaths, 310; occurring in 6 Provinces. June 1-30, 1922: Cases, 222; deaths, 259; occurring in 5 Provinces. July 1-Aug. 31, 1922: Cases, 416; deaths, 447; occurring in 5 Provinces.
East Java—				
Soerabaya.....	May 7-June 24.....	3	3	
Do.....	Sept. 17-23.....	1	1	
Soerakarta—				
Keporen.....	May 20.....			Epidemic.
Klaten.....	Sept. 26.....			Epidemic. Locality in district of Prambanan.
Madagascar.....				
Tananarive Province—				
Anketrina.....	May 4.....		1	Nov. 4, 1922: Present. Native village; disease stated to have been present since about April 27, 1922. (Name of locality corrected.)
Tamatave.....	June 26-July 2.....	2	1	
Do.....	Aug. 21-Sept. 13.....			Present, Aug. 17, 1922: 1 case. Aug. 18, 1922: 1 death. Aug. 21-Sept. 10, 1922: Deaths, 3.
Tananarive.....	May 29-June 18.....	2	1	
Do.....	July 10-23.....	2	2	
Mauritius Island.....				
				Aug. 7-19, 1922: Cases, 2. Oct. 19, 1922: 65 fatal cases reported.
Mesopotamia:				
Bagdad.....	Apr. 1-June 30.....	268	188	
Do.....	July 1-Aug. 31.....	29		
Mexico:				
Tampico.....				Sept. 24-30: 1 plague rat.
Vera Cruz.....				June 30, 1922: 1 plague rat.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to December 1, 1922—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Palestine:				
Jaffa.....	July 4-Oct. 30.....	51	2	In native quarter. (Entered in previous issues under Jerusalem.)
Peru.....				May 1-15, 1922: Cases, 35; deaths, 19. June 1-30, 1922: Cases, 87; deaths, 15. July 1-Sept. 30, 1922: Cases, 134; deaths, 68. Jan.-June, 1922: Cases, 394; deaths, 173.
Localities—				
Bambamarca (Hualgayoc).....	Sept. 1-30.....	2		Jan.-June, 1922: Cases, 24; deaths, 10; country district, cases 2 (corrected report).
Callao.....	do.....	7	2	
Chiclayo.....	do.....	2		
Coaillo y Asia (Cañete).....	do.....	6		
Colan.....	do.....	1		
Huacho.....	do.....	1	1	
Hualal.....	do.....	4		
Huarmey.....	do.....	1		
Lima (city).....	do.....	6	6	Jan. 1-June 30, 1922: Cases, 30; deaths, 16; country district, cases, 28; deaths, 16 (corrected report).
Lima (country).....	do.....	5	6	
Santa.....	do.....	4	2	
Philippine Islands:				
Manila.....	June 3.....	1	1	From S. S. Taisang from Amoy, China.
Do.....	Aug. 20-26.....	2		
Portugal:				
Lisbon.....	July 23-Oct. 21.....	4	6	
Portuguese West Africa:				
Angola—				
Loanda.....	Oct. 25.....			Present.
Guinea.....				Reported present Aug. 24, 1922.
Senegal:				
Dakar.....	June 1-30.....	1	1	
Do.....	July 1-31.....	2	2	
Siam:				
Bangkok.....	Apr. 30-June 3.....	4	3	
Do.....	July 2-Sept. 23.....	12	10	
Spain:				
Barcelona.....	Sept. 24-Oct. 19.....	6	6	Stated to be confined to factory in which disease first appeared Oct. 18, 1922: 18 cases present.
Cartagena.....	Oct. 18.....	2		
Valencia.....	do.....	2		
Straits Settlements:				
Singapore.....	Apr. 30-June 24.....	8	9	
Do.....	July 9-Aug. 26.....	3	3	
Syria:				
Aleppo.....	Sept. 9-16.....		1	
Alexandretta.....				Oct. 8-14, 1922: 1 plague rat.
Beirut.....	July 30-Aug. 13.....	7	1	
Tunis:				
Tunis.....	June 30-Sept. 9.....	4	1	
Turkey:				
Constantinople.....	Aug. 20-Oct. 7.....	12	8	
Union of South Africa:				
Orange Free State—				
Grootkom Farm.....	May 7-13.....			One dead plague-infected rodent found. Locality adjoins Tru-cart's Berg Farm, on which plague-infected mouse was found preceding week.
Rendezvous Ry. Station.....	May 14-20.....			Plague-infected wild rodent found near.
On vessels:				
S. S. Ardeola.....	June 25-July 8.....			At Liverpool. Four plague-infected rats found dead. Vessel from Las Palmas, Canary Islands, June 26, 1922.
S. S. Barcelona.....	Nov. 11.....	1		At Habana, Cuba, from Barcelona, Spain, via Canary Islands. Patient from Canary Islands.
S. S. Dumbea.....	Aug. 5.....	1		At Suez, Egypt, from Island of Mauritius. Patient ill two days before arrival. Declared positive Aug. 6.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to December 1, 1922—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
On vessels—Continued.				
Greek vessel.....	July 19.....			At Messina, Italy. Cases on board. Vessel not allowed to enter.
S. S. Legie.....	July 29.....			At Hamburg, Germany. Plague rats found. Vessel from Buenos Aires, Argentina.
S. S. Southgate.....	May 30.....	1		At Thursday Island quarantine, Australia. Vessel left Calcutta May 2; Rangoon, May 9. Vessel badly rat-infested.
S. S. Taisang.....	June 1-3.....	1	1	At Manila, P. I., from Amoy, China. Patient landed at Manila June 1, 1922. The Taisang was 2½ days en route direct from Amoy.

SMALLPOX.

Arabia:				
Aden.....	May 7-June 24.....	60	21	
Do.....	July 2-Oct. 14.....	52	26	
Argentina:				
Rosario.....	June 1-30.....		3	
Asia Minor:				
Smyrna.....	May 14-June 24.....	4		In district.
Do.....	June 25-Aug. 26.....	13		Do.
Bermuda:				
Hamilton.....	Sept. 3-30.....	3		
Bolivia:				
La Paz.....	Mar. 1-Apr. 30.....	97	16	
Brazil:				
Bahia.....	June 25-Oct. 14.....	2	1	
Para.....	May 29-June 25.....	8		
Do.....	July 3-Sept. 17.....	141	2	Aug. 22-28, 1922: Cases, 16.
Pernambuco.....	Sept. 24-Oct. 14.....	5		
Rio de Janeiro.....	May 14-June 24.....	48	12	
Do.....	June 25-Oct. 21.....	182	42	
Sao Paulo.....	Apr. 10-June 11.....	3	10	
British East Africa:				
Kenya Colony.....				Apr. 1-June 30, 1922: Cases, 15.
Dar-es-Salaam.....	Apr. 16-June 10.....	26		July 9-15, 1922: Deaths, 5.
Do.....	July 16-Aug. 12.....	18	2	
Nairobi.....	Mar. 1-31.....	22	2	
Tanganyika Territory.....	Aug. 20-Sept. 2.....	27	4	
Zanzibar.....	May 1-June 10.....	36	6	
Do.....	June 24-July 1.....	2		
Canada:				
Alberta—				
Calgary.....	June 18-24.....	1		
Manitoba—				
Winnipeg.....	May 6-June 17.....	3		
Do.....	Sept. 3-Nov. 11.....	13		
New Brunswick—				
Kent County.....	June 25-July 1.....	2		
Madawaska County.....	June 4-17.....	6		
Do.....	Sept. 10-Nov. 11.....	4	1	
Ontario:				
Fort William and Port Arthur.....	Aug. 6-Sept. 23.....	3		Sept. 1-30, 1922: Cases, 19; deaths, 1.
Hamilton.....	July 30-Aug. 18.....	3		
London.....	Aug. 26-Sept. 2.....	1		
North Bay.....	June 3-17.....	2		
Do.....	July 16-Aug. 12.....	3		
Ottawa.....	June 11-July 1.....	17		
Do.....	July 2-Nov. 18.....	21		
Toronto.....	June 18-Nov. 4.....	11		
Saskatchewan—				
Regina.....	Sept. 17-23.....	1		Imported.
Saskatoon.....	Aug. 20-26.....	1		
Ceylon:				
Colombo.....	May 14-20.....	1		
Do.....	July 16-Oct. 7.....	18	1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to December 1, 1922—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Chile				
Concepcion	Mar. 14-June 20		71	Prevalent July 3, 1922, throughout southern Provinces.
Do	June 27-Sept. 4		30	
Quillon				In Concepcion Province: Epidemic in May, 1922, with 60 reported cases. To June 5, epidemic.
Do	June 27-July 3			Epidemic.
San Patricio	May 16-22	13		
Talcahuano	May 23-June 24	33	19	May 16-22, 1922: Present.
Do	June 25-July 30	5	7	
Temuco				Province of Cautin; epidemic in May, 1922.
Valparasio	Mar. 26-June 19		115	Incomplete; several districts not reporting.
Do	June 25-July 30		46	
China:				
Amoy	May 7-20			Present. June 18-24, 1922: 1 death. Sept. 24-30, 1922: 1 death.
Do	July 16-Oct. 14			Present.
Antung	May 29-June 18	4		
Do	July 3-16	5		
Chungking	May 28-June 24			Do.
Do	June 25-Sept. 30			Do.
Foochow	May 14-20	1		Aug. 13-19, 1922: Present.
Do	Aug. 27-Sept. 9			Present.
Hankow	June 25-July 1	1		
Hongkong	May 14-June 24	41	32	
Do	July 16-Sept. 16	5	2	Aug. 13-26, 1922: Present.
Manchuria—				
Dairen	May 15-June 18	4	1	
Do	June 26-Sept. 17	7	1	
Harbin	May 22-28	1		
Do	July 30-Aug. 5	1		
Mukden	June 18-24			Present.
Do	July 16-Sept. 29			Do.
Nanking	May 7-June 24			Do.
Do	June 25-Oct. 21			Do.
Shanghai	May 22-28	1		Native.
Tientsin	May 14-20			Present.
Tsingtau	May 9-June 18	4	3	Including leased territory of Kiaochow, Japanese population along Shantung Railway, and Japanese residents, Tsinan.
Do	June 26-July 30	5	3	Do.
Chosen (Korea):				
Chemulpo	May 1-31	1		
Fusan	May 1-June 30	147	60	
Do	July 1-31	13	9	
Seoul	May 1-June 30	26	5	
Do	July 1-31	23	8	
Cuba:				
City—				
Antilla	June 18-24	1		Reported for Preston.
Do	Sept. 17-21	2		
Cienfuegos	June 24-July 1	1		
Habana	July 1-Aug. 31	10		
Sagua la Grande	Oct. 15-21	1		In vicinity, at Rancho Veloz.
Santiago	June 1-30	3		
Do	Sept. 1-30	1		
Province—				
Habana	Aug. 20-31	1		
Matanzas	do	1		
Oriente	do	3		
Santa Clara	do	4		
Domenica	Aug. 5-Sept. 9			Present, Aug. 23: Epidemic. Island in Leeward Islands.
Dominican Republic:				
Puerto Plata	Sept. 12-Oct. 14	8		
San Pedro de Macoris	May 21-June 24	167	2	City and country. (Corrected report.)
Do	June 25-Nov. 4	405	2	City and district. (Corrected report.)
Santo Domingo	June 4-24	3	9	Including vicinity.
Do	June 25-Nov. 4	5	7	July 30-Aug. 5, 1922: A few cases city and vicinity.

**CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW
FEVER—Continued.**

Reports Received from July 1 to December 1, 1922—Continued.

SMALLPOX—Continued.

Place.	Date..	Cases.	Deaths.	Remarks.
Ecuador:				
Guayaquil.....	July 16-Oct. 15.....	12		
Milagro.....	Sept. 1-15.....	1		
Nobol.....	do.....	1		
Egypt:				
Alexandria.....	July 23-Aug. 12.....	2	2	
Cairo.....	Apr. 30-June 24.....	13	5	
Do.....	July 23-Aug. 19.....	7	2	
Port Said.....	May 7-June 24.....	3	1	
Do.....	July 23-29.....	1		
Finland.....	June 1-30.....	2		
Do.....	July 1-15.....	1		
Fiume.....	June 13-19.....	1		
Do.....	July 10-16.....	1		
France:				
Paris.....	June 1-10.....	1	1	
Great Britain:				
Halifax.....				Outbreak reported under date of June 17, 1922.
Huddersfield.....				Do.
Liverpool.....	Aug. 13-19.....	1		In port hospital.
London.....	July 30-Oct. 28.....	8	3	Oct. 22-23, 1922: Outbreak. To Nov. 3, 1922: Cases, 23; deaths, 2.
Sheffield.....	May 23-June 17.....	5		
Southampton.....	June 18-24.....	2		
Greece:				
Saloniki.....	May 1-June 25.....	3	1	
Do.....	July 17-23.....		1	
Syra Island.....	May 26.....	12	5	
Haiti:				
Cape Haitien.....	June 11-17.....	1		
Plaine du Nord.....	do.....			Vicinity of Cape Haitien. Present.
India:				
Bombay.....	Apr. 23-June 24.....	38	17	Feb. 26-Mar. 25, 1922: Deaths, 1,162 (date of report corrected).
Do.....	July 2-15.....	4	2	Mar. 26-May 20, 1922: Deaths, 6,015. June 4-24: Cases, 2,813; deaths, 919. June 25-Sept. 9, 1922: Cases, 9,090; deaths, 2,377.
Calcutta.....	Apr. 23-June 24.....	84	67	
Do.....	June 25-Oct. 7.....	34	27	
Karachi.....	May 23-June 24.....	35	9	
Do.....	July 16-Sept. 30.....	18	5	
Madras.....	May 14-June 24.....	207	94	June 19-25, 1922: Cases, 30; deaths, 15.
Do.....	July 2-Oct. 14.....	514	234	
Rangoon.....	May 7-June 24.....	37	16	
Do.....	July 2-Sept. 30.....	62	33	
Indo-China:				
Saigon.....	June 30-Aug. 19.....	36	26	Including area of 100 square km.
Italy:				
Trieste.....	Sept. 1-Oct. 18.....	11	4	
Japan:				
Kobe.....	June 19-25.....	2		
Taiwan Island.....	June 11-30.....	26	3	
Do.....	July 22-Aug. 10.....	27	4	
Yokohama.....	May 29-June 25.....	4	2	
Do.....	June 26-July 20.....	48	8	
Java:				
East Java— Soerabaya.....	Aug. 13-Sept. 23.....	3		
West Java— Batavia.....	Apr. 28-June 30.....	20	3	City and Province.
Do.....	July 9-Oct. 6.....	58	9	Province.
Luxemburg.....	June 15-30.....	1	1	
Malta.....	May 1-June 15.....	4		June 1-30, 1922: Cases, 2.
Mesopotamia:				
Bagdad.....	Apr. 1-June 30.....	36	40	
Do.....	July 1-Aug. 31.....	57		
Mexico:				
Chihuahua.....	June 22-Sept. 17.....		2	
Guadalajara.....	May 1-June 30.....	13		
Do.....	July 1-Sept. 17.....	5	1	
Manzanillo.....	June 6-25.....		4	Estimated cases, 4 to 10.
Do.....	June 27-July 3.....		6	Estimated.
Mexico City.....	May 21-June 24.....	129		Including municipalities in Federal District. Report June 11-17, 1922, not received.
Do.....	June 25-Oct. 14.....	220		Including municipalities in Federal District.
Nogales.....	July 22-Aug. 5.....	26	3	State of Sonora.
San Luis Potosi.....	July 23-Oct. 7.....		12	
Torreon.....	July 1-31.....		1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to December 1, 1922—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Panama Canal				July 1-31, 1922: Cases, 4, of which 1 nonresident and not locally reported. July 28-Sept. 28, 1922: Cases, 3; of these, nonresident, 2.
Colou.....	July 1-Oct. 15.....	3		
Panama.....	July 1-Aug. 15.....	2		
Persia:				
Teheran.....	Apr. 23-May 22.....	2		
Peru				May 1-15, 1922: Cases, 5; deaths, 4. June 1-30, 1922: Cases, 16; deaths, 7. Aug. 1-31, 1922: Cases, 23; deaths, 5.
Callao.....	July 1-Sept. 30.....	26	7	Jan. 1-June 30, 1922: Deaths, 1.
Lima (city).....	do.....	17	7	Jan. 1-June 30, 1922: Deaths, 23.
Lima (country).....	do.....	25	7	
Poland.....				Mar. 26-June 24, 1922: Cases, 1,210; deaths, 241.
Do.....				June 25-Sept. 7, 1922: Cases, 253; deaths, 54.
Portugal:				
Lisbon.....	May 29-June 25.....	6	8	Corrected report. Do.
Do.....	June 25-Oct. 28.....	327	90	
Oporto.....	Aug. 27-Oct. 7.....	4		
Portuguese East Africa:				
Lourenco Marques.....	July 23-29.....	1		
Portuguese West Africa:				
Angola—				
Loanda.....	June 25-July 1.....		1	
Russia:				
Esthonia.....	May 1-June 30.....	6		
Do.....	July 1-Sept. 30.....	2		
Lettonia.....	May 1-June 30.....	51		
Do.....	July 1-Aug. 31.....	20		
Senegal:				
Dakar.....	June 1-30.....	4	4	
Spain:				
Barcelona.....	June 22-28.....		1	
Do.....	June 29-Sept. 13.....		3	
Bilbao.....	Aug. 1-Sept. 30.....		5	
Cadiz.....	Aug. 1-30.....		1	
Coruna.....	June 11-17.....		1	
Do.....	Oct. 15-21.....		1	
Huelva.....	Apr. 1-June 30.....		4	
Do.....	July 1-Aug. 31.....		2	
Seville.....	June 11-17.....		36	Week ended June 11, 1922: Many cases.
Do.....	June 18-Oct. 8.....		151	
Valencia.....	May 21-27.....	1		
Straits Settlements:				
Singapore.....	Apr. 30-June 5.....	11	2	
Do.....	July 30-Aug. 19.....		1	
Switzerland:				
Basel.....	May 28-June 3.....	1		
Do.....	Sept. 17-23.....	1		
Berne.....	May 14-20.....	1		
Do.....	July 9-Oct. 28.....	25		
Lucerne.....	July 1-31.....	1		
Zurich Canton.....				Aug. 1-31, 1922: Cases, 74.
Zurich.....	Apr. 23-June 12.....	9		
Do.....	June 25-Oct. 21.....	82		
Syria:				
Aleppo.....	June 4-24.....			Present.
Damascus.....	June 18-24.....		2	
Do.....	June 25-Oct. 7.....	22	3	
Tunis:				
Tunis.....	July 17-23.....	1		
Turkey:				
Constantinople.....	May 21-June 24.....	21	6	
Do.....	June 25-Oct. 21.....	67	19	
Union of South Africa:				
Cape Province.....				Apr. 1-June 30, 1922: Cases, 173; deaths, 12 (colored); white, cases, 36. July 1-Aug. 31, 1922: Colored, cases, 232; deaths, 3; white, 9 cases.
Do.....	Aug. 20-Sept. 30.....			Apr. 1-June 30, 1922: Cases, 87; deaths, 3 (colored); white, 6 cases. July 1-Aug. 31, 1922: Cases, 89; deaths, 2 (colored). Outbreaks.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received from July 1 to December 1, 1922—Continued.
SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Union of South Africa—Contd.				
Natal.....				Apr. 1—May 31, 1922: Cases, 20; deaths, 8 (colored); white, 20 cases. July 1—31, 1922: Cases, 5 (colored).
Orange Free State.....				May 1—31, 1922: Cases, 12; deaths, 1 (colored). July 1—Aug. 31, 1922: 5 cases (colored).
Do.....	Sept. 3-9.....			Outbreaks.
Southern Rhodesia.....	May 11—June 23.....	67	4	In natives, 3 cases.
Do.....	June 29—Aug. 23.....	35		
Transvaal.....				Apr. 1—June 30, 1922: Cases, 54 (colored); white, 10 cases. July 1—Aug. 31, 1922: Colored, cases, 133; deaths, 1; white, 9 cases.
Do.....	July 9—Oct. 7.....			Outbreaks.
Johannesburg.....	May 1-31.....	1		
Virgin Islands:				
St. Thomas.....	June 5-18.....	1	1	At quarantine. From vessel from Dominican Republic. Sept. 4-24, 1921: Cases, 11; deaths, 4.
Yugoslavia.....				
Croatia-Slavonia—				
Zagreb.....	June 4-10.....	1		
Do.....	Aug. 6-12.....	1		
Serbia.....				Oct. 23-29, 1921: Cases, 5.
Belgrade.....	June 11-17.....	1		
Do.....	Aug. 14—Sept. 24.....	34	12	
On vessels:				
S. S. Changsha.....	May 11.....	1		At Hongkong, China. Case landed from vessel; patient, intending passenger. Vessel proceeded to Australian ports.
S. S. Clan MacWilliam.....	Aug. 13.....	1		En route from Durban and Delagoa Bay, Union of South Africa, for Newcastle, Australia, via Mauritius. Arrived Newcastle Aug. 25, 1922; proceeded to Sydney in quarantine. Patient, colored fireman.
S. S. Comeric.....	do.....	1		At sea, en route to Durban, S. A., from Sydney, Australia. (Public Health Reports, June 23, 1922, p. 1555.)
Sch. Fancy Me.....	May 29.....			At St. Thomas, Virgin Islands. From San Pedro de Macoris, Dominican Republic. 1 case removed to quarantine June 5; died June 18.
S. S. Montoro.....	July 8.....	1		At Darwin, Australia. Vessel left Singapore June 28 for Darwin via Java ports. Case, Chinese, developed July 4. Case landed at quarantine; vessel proceeded in quarantine to Sydney via northern ports.
S. S. Shelley.....	Apr. 19.....	1		At sea, en route from Hongkong. Vessel left Hongkong Apr. 17. Arrived Thursday Island quarantine, Australia, Apr. 23, 1922. Case, member of crew; type, confluent hemorrhagic.
S. S. St. Albans.....	May 18.....	1		At Thursday Island quarantine, Australia. Case in person of Chinese steerage passenger. Vessel left Shimonoeki, Japan, for Melbourne via Hongkong and Manila. Left Thursday Island for Australian ports.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to December 1, 1922—Continued.

TYPHUS FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Algiers.....	May 1-31.....	16	4	
Do.....	Aug. 1-Sept. 30.....	5	3	
Oran.....	June 1-30.....	3	1	
Do.....	July 1-Oct. 10.....	1	4	
Asia Minor:				
Smyrna.....	May 14-June 24.....	8		City and district. (Corrected report.) District.
Do.....	June 25-Aug. 19.....	11		
Australia:				
Brisbane.....	July 9-Aug. 12.....	2		
Austria:				
Vienna.....	May 7-June 10.....	3	1	
Do.....	July 2-Aug. 19.....	3	1	
Bolivia:				
La Paz.....	Mar. 1-Apr. 30.....	15	8	
Bulgaria:				
Sofia.....	May 28-June 17.....	4		
Do.....	Sept. 24-30.....	1	1	
Chile:				
Concepcion.....	Apr. 11-May 29.....		10	
Do.....	June 27-Oct. 16.....		13	
Talcahuano.....	Oct. 8-21.....	3	1	
Valparaiso.....	Apr. 2-22.....		6	
Do.....	July 18-Sept. 30.....		26	
China:				
Antung.....	May 15-21.....	1		
Do.....	July 10-Oct. 29.....	24		
Foochow.....	May 14-20.....	1		
Do.....	Aug. 6-12.....	4		
Hankow.....	July 9-15.....	1	1	
Manchuria—				
Harbin.....	May 8-June 11.....	4		
Do.....	June 26-Sept. 10.....	7		
Tsingtau.....	Sept. 11-18.....		1	
Czechoslovakia:				
Prague.....	June 11-17.....	1		
Do.....	July 1-Aug. 26.....	2	1	
Danzig (free city).....	June 4-10.....	1		
Egypt:				
Alexandria.....	June 4-24.....	9	6	
Do.....	June 25-Oct. 14.....	27	14	July 22-29, 1922: 1 imported paratyphoid.
Cairo.....	Mar. 19-June 24.....	19	62	Relapsing fever, Mar. 26-Apr. 8, 1922; 1 case.
Do.....	June 25-Aug. 26.....	39	29	
Port Said.....	May 28-June 3.....	1		
Do.....	July 2-Sept. 2.....	11	29	
Germany:				
Berlin.....	Apr. 30-June 24.....		7	May 1-6, 1922: 5 cases typhus fever at quarantine station of Osternothafen, in persons returning from Russia.
Do.....	June 25-Oct. 14.....		18	
Coblenz.....	July 2-Nov. 4.....	25	3	
Königsberg.....	May 28-June 3.....	1		
Do.....	Sept. 3-9.....	1		
Stuttgart.....	July 22-Aug. 26.....	2	1	
Great Britain:				
Glasgow.....	Sept. 17-23.....	1	1	
Greece:				
Piræus.....	Aug. 1-31.....	1		
Saloniki.....	May 1-June 18.....	25	1	2 in Russian refugees.
Indo-China:				
Saigon.....	Aug. 6-19.....	1		
Java:				
East Java—				
Soerabaya.....	July 23-Aug. 5.....	4	2	
Mesopotamia:				
Bagdad.....	Apr. 1-June 30.....	7	2	
Do.....	Aug. 1-31.....	5		
Mexico:				
Mexico City.....	Apr. 23-June 24.....	111		Including municipalities in Federal District.
Do.....	June 25-Oct. 14.....	266		Do.
San Luis Potosi.....	Sept. 10-Oct. 7.....			Present. Oct. 1-7, 1922: Deaths, 2.
Netherlands:				
Amsterdam.....	July 30-Aug. 5.....	1		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to December 1, 1922—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Norway:				
Christiania.....	Aug. 15.....	1	1	
Province—				
Finmarken.....	July 26-Aug. 5....	12	2	Occurring in 3 localities.
Palestine: ¹				
Jaffa.....	June 27-Oct. 30...	4		Relapsing fever, 1 case.
Persia:				
Teheran.....	Mar. 22-June 22... ..		8	
Poland.....				Mar. 26-Apr. 22, 1922: Cases, 5,695; deaths, 349. Apr. 23-June 24, 1922: Cases, 9,402; deaths, 631. Recurrent typhus, Mar. 26-Apr. 22, 1922: Cases, 4,515; deaths, 155. Apr. 23-May 6, 1922: Cases, 1,506; deaths, 34. (Corrected report.) May 7-June 24, 1922: Cases, 4,790; deaths, 111. June 25-Sept. 7, 1922: Cases, 2,500; deaths, 174. Recurrent typhus, June 25-Sept. 7, 1922: Cases, 3,793; deaths, 113.
Warsaw.....	Apr. 23-June 24....	156		Among transient and permanent residents.
Portugal:				
Oporto.....	May 4-June 24....	9	4	
Do.....	June 29-Sept. 30....	3	1	
Seixal.....	Aug. 4.....	1		Village opposite Lisbon.
Rumania.....				Apr. 1-May 31, 1922: Cases, 62.
City—				
Bucharest.....	May 1-June 20....	17		
Cerenauti.....	May 1-31.....	5		
Do.....	Oct. 22-28.....	7		
Chisinau.....	Apr. 1-June 20....	36		
Cluj.....	May 1-June 20....	22		
Constanza.....	do.....	3		
Galatz.....	May 1-June 30....	2		
Jassey.....	June 1-30.....	1		
Sulina.....	May 1-31.....	2		
District—				
Chisinau.....	July 1-31.....	4		Apr. 1-30, 1922: Cases, 14; recurrent typhus, cases, 7.
Do.....	Sept. 1-30.....	5		Recurrent typhus, cases, 9
Province—				
Bucovina.....	Jan. 1-31.....	35	13	
Transylvania.....	Jan. 1-31.....	16	3	
Russia:				
Esthonia.....	Apr. 1-June 30....	44		Sept. 1-30, 1922: Recurrent typhus, cases 6; paratyphus, 11.
Do.....	July 1-Sept. 30....	16		Recurrent typhus: Cases, 40.
Lettonia.....	Apr. 1-June 30....	635		Recurrent typhus: Cases, 21; paratyphus cases, 3.
Do.....	July 1-Aug. 31....	74		
Siberia:				
Vladivostok.....	July 1-31.....	3		
Spain:				
Barcelona.....	July 13-19.....		1	
Madrid.....	May 1-June 30....		16	
Do.....	July 1-Aug. 31....		7	
Seville.....	May 21-June 3....		1	
Switzerland:				
Lucerne.....	Aug. 1-31.....	2		
Syria:				
Aleppo.....	Oct. 15-21.....	1	1	Aug. 27-Oct. 7, 1922: Present and in interior.
Damascus.....	Oct. 1-7.....	1		
Tunis:				
Tunis.....	June 4-10.....	2		
Turkey:				
Constantinople.....	May 21-June 24....	16		
Do.....	July 9-Oct. 21....	41	4	
Union of South Africa.....				Apr. 1-June 30, 1922: Cases, 1,220; deaths, 214 (colored); white, 17 cases. July 1-Aug. 31, 1922: Cases, 1,108; deaths, 179 (colored); white, 4 cases.

¹ In previous reports given as for Jerusalem.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to December 1, 1922—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Union of South Africa—Contd. Cape Province.....				Apr. 1-June 30, 1922: Cases, 1,037; deaths, 194 (colored); white, 16 cases. July 1-Aug. 31, 1922: Cases, 1,041; deaths, 165 (colored); white, 4 cases.
Do.....	Aug. 20-Sept. 30 ..			Outbreaks.
Diamond fields.....				Sept. 28, 1922 Outbreaks at native locations near Kimberley.
Delpont.....	Sept. 28.....			Outbreak.
Gong-Gong.....	do.....		20	
Winter's Rush.....	do.....		12	Including Longlands.
East London.....	do.....	1		
Natal.....				Apr. 1-June 30, 1922: Cases, 57; deaths, 7 (colored). July 1-Aug. 31, 1922: Cases, 25; deaths, 4 (colored).
Do.....	Sept. 1-Oct. 7.....			Outbreaks.
Orange Free State.....				Apr. 1-June 30, 1922: Cases, 97; deaths, 10 (colored); white, 1 case. July 1-Aug. 31, 1922: Cases, 36; deaths, 10 (colored).
Do.....	Aug. 27-Sept. 16 ..			Outbreaks.
Transvaal.....				Apr. 1-June 30, 1922: Cases, 29; deaths, 2 (colored). July 1-Aug. 31, 1922: Cases, 6 (colored).
Do.....	Aug. 27-Sept. 30 ..			Outbreaks.
Johannesburg.....	May 1-June 30 ..	7	1	
Do.....	July 1-31.....	1		
Yugoslavia.....				Aug. 7-13, 1921: 2 new cases. (1921.)
Bosnia-Herzegovina.....	Aug. 7-13.....	1		Do.
Croatia-Slavonia.....	Sept. 4-10.....	1		
Serbia.....				
Belgrade.....	May 6-June 3.....	2		
Voivodina.....	Aug. 7-13.....	1		Do.
On vessels:				
S. S. Chios.....	July 18.....	1		At Kavak quarantine station, Bosphorus, from Novorossysk, a Russian Black Sea port. Vessel carried refugees for Saloniki, Greece.
S. S. Smolensk.....	June 14.....	1	1	From Danzig, May 30, 1922. At embarkation detention camp, Southampton, England. (Public Health Reports, June 30, 1922, p. 1610.)

YELLOW FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Brazil:				
Bahia.....	July 30-Aug. 26 ..	3	2	
Mexico:				
Ciudad Victoria.....	Sept. 27.....	1	1	Origin, Tampico.
Tampico.....	July 27-29.....	1	1	From Panuco. Patient brought to Tampico on eighth day of illness.
Do.....	Aug. 30.....		6	Of these, 5 with origin at Panuco, State of Vera Cruz; 1 with origin at Tampico. Nov. 5, 1922: 1 case.
Tuxpam.....	Oct. 14-Nov. 10 ..	2		
On vessel:				
Schr. William E. Burnham.....	Sept. 13.....		1	At sea between Paramaribo and Mobile Quarantine, Ala., where the vessel arrived Sept. 14, 1922. The vessel left Freetown, Sierra Leone, June 25, and touched at Mungo and Paramaribo.